

**Village of Colfax
Regular Board Meeting
Monday, June 27th, 2022
7:00 p.m.**

Village Hall, 613 Main Street, Colfax, WI 54730

1. Call the Regular Board Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Public Comments
5. Communications from the Village President
6. Consent Agenda
 - a. Regular Board Meeting Minutes – June 13th, 2022
 - b. Review Statement of Bills Pooled Checking–June 13th, 2022 to June 26th, 2022
 - c. Review Statement of Bills Solid Waste & Recycling Checking-June 13th, 2022 to June 26th, 2022
 - d. Training Request - none
 - e. Facility Rental - none
 - f. Licenses

July 1, 2022-June 30, 2023 Operator's License

| | | |
|---------------------|------------------|--------------------|
| Roger Knutson | Mikki McCutcheon | Alana Smith |
| Christopher Larson | Kyle Krall | Vicki Christenson |
| Steven Stokke | Jeffrey Rene | Leah Scheffler |
| Dale Oebser | Nicole Gotlibson | Lyndsey Pederson |
| Evia Gehrman | Julie Eiseth | Trevor Schindler |
| Davina Brenden | Jalene Amick | Jakob Moore |
| Chris Lunn | Tristan Wolff | Kayla Jenson |
| Brenda Kettner | Mary Muza | Tammy Simon |
| Renee Tuschl | Tamara Whinnery | Kaitlyn Papineau |
| Bailey Haugle-Score | Joni Koehler | Deborah Petersen |
| Timothy Kettner | Suzanne Hagen | Andrew Anderson |
| Jacqueline Clark | Robin Sarauer | Kara Buchner |
| Tammy Dalhoe | Kayla Brown | Katherine Walters |
| Peggy Wallace | Joshua Larson | Tiffany Prince |
| Aimee Fruit | Abby DeMoe | Tammy Nelson |
| Steven Longdo | Noah Heidorn | Hailey Prince |
| Mary Roehl | Hannah DeMoe | Elizabeth Affolter |
| Deziray Raak | Jasmine Best | Thomas Dunbar |
| Nancy Taylor | Morgan Jensen | Jeffrey Prince |

July 1, 2022-June 30, 2023 Liquor License

Outhouse Bar, Mark Nelson & Lisa Johnson, Agents- Class "B" Beer and Class "B" Liquor-413 Main Street, 5/20/2022

Young Active Ventures LLC/Viking Bowl & Lounge, Alicia Young, Agent-Class "B" Beer and Class "B" Liquor-108 Main Street, 6/6/2022

J & S Sales of Chippewa Falls, LLC/Express Mart, Rondi DeMoe, Agent-Class "A" Beer-616 Main Street, 5/12/2022

Kyle's Market Inc., Kyle Kressin, Agent -Class "A" Beer and Class "A" Liquor-115 Main Street, 5/27/2022

Synergy Community Cooperative, Charles Brown, Agent- Class "A" Beer-401 E Railroad Avenue, 5/31/2022

Mom's Restaurant & Pub LLC, Mark Barstad, Agent-Class "B" Beer and Class "B" Liquor-225 Bremer Ave Suite 101, 6/1/2022

The Blind Tiger LLC, Nicholas Anderson, Agent-Class "B" Beer and Class "B" Liquor-512 Main Street, 6/2/2022

A Little Slice of Italy, Anne Jenson, Agent - Class B" Beer and Class "C" Wine-501 Main Street, 6/6/2022

July 1, 2022-June 30, 2023 Tobacco License

The Blind Tiger LLC-512 Main Street
DolgenCorp, LLC/Dollar General-402 Fifth Avenue
J & S Sales of Chippewa Falls, LLC/Express Mart-616 Main Street
Outhouse Bar-413 Main Street
Kyles Market Inc.-115 Main Street
Synergy Community Cooperative-401 E. Railroad Avenue

July 1, 2022-June 30, 2023 Chicken License

Pamela Moen-705 University Avenue

7. Consideration Items
 - a. Parks Committee Action
 - i. Spreading Garden Recommendation
 - b. Public Properties Committee
 - i. Actions from the Building List Repairs – Minutes
 - c. Dunn Street Update
 - d. Lagoon Update
 - e. Public Works Department General Discussions
8. Committee/Department Reports – (no action)
 - a. Parks Committee Meeting Minutes – June 6th, 2022
 - b. Public Safety Committee Minutes – June 6th, 2022

9. Adjourn

Any person who has a qualifying disability as defined by the American With Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format must contact: Lynn M. Niggemann - Clerk-Treasurer, 613 Main Street, Colfax, WI (715) 962-3311 by 2:00 p.m. the day prior to the meeting so that any necessary arrangements can be made to accommodate each request.

It is possible that members of and possibly a quorum of members of the governmental bodies of the municipality may be in attendance at the above-stated meeting to gather information; no action will be taken by any governmental body at the above-stated meeting other than the governmental body specifically referred to above in this notice.

Village Board Meeting June 13th, 2022

On June 13th, 2022, the Village Board met at Village Hall at 7:00 p.m. Members present: Trustees Rud, Jenson, Davis, Prince, M. Burcham and Albricht. Excused: Trustee Stene. Others present included Lisa Fleming with Ayres Associates, Sheila Riemer, Public Works Director Bates, Administrator-Clerk-Treasurer Niggemann and LeAnn Ralph with the Messenger.

Minutes

Regular Board Meeting Minutes - May 23rd, 2022- A motion was made by Trustee Prince and seconded by Trustee M. Burcham to approve the Regular Board meeting minutes from May 23rd, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Public Hearing –CDBG Grant requirement – Meeting Minutes-May 23rd, 2022 – A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve the meeting minutes for the Public Hearing for the CDBG Grant, May 23rd, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Board of Review Minutes – June 1st, 2022 – A motion was made by Trustee Davis and seconded by Trustee M. Burcham to approve the board of Review Minutes from June 1st, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Review Statement of Bills –May 23rd, 2022 to June 12th, 2022

Review Statement of Bills Solid Waste & Recycling Checking May 23rd, 2022 to June 12th, 2022

A motion was made by Trustee M. Burcham and seconded by Trustee Rud to approve both the Village of Colfax Statements of Bills and the Solid Waste & Recycling Bills for May 23rd, 2022 to June 12th, 2022. A voice vote was taken with all members voting in favor. Motion carried.

Training Request – EMT 1 AND EMT 2 Classes through CVTC and reimbursed by the State – Kendra Pickett and Lauren LaBeree - A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve the state reimbursed training for EMT 1 and EMT 2 classes for Kendra Pickett and Lauren LaBeree. A voice vote was taken with all members voting in favor. Motion carried.

Reconsider Water/Sewer Training Reimbursement form Don Logslett from March 2022 – The Board discussed the reasons why the training was not approved the first time. At that time, it is felt that the certification training requirements were not made entirely clear if the training in 2022 was for certification renewal of 2022 or 2023. After discussions, a motion was made by Trustee Jenson and seconded by Trustee M. Burcham to pay \$785 for the WRWA training and lodging reimbursement to Don Logslett in March. Voting For: Trustees M. Burcham, Davis, Rud, Jenson, Prince and Albricht. Voting Against: none. Motion carried.

Facility Rental – none

Licenses – Temporary Class “B”/”Class B” Retailer’s License –June 16th, 2022 to June 19th, 2022 – Russel Toyce Post 131 – Colfax Free Fair - A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve the Temporary Class “B”/”Class B” Retailer’s License for June 16th to June 19th, 2022 for the Colfax Fair. A voice vote was taken with the all members voting in favor. Motion carried.

Consideration Items

Dunn Street Pay Request 1 – Skid Steer Guy –Fleming and Bates explained that the underground is complete and Skid Steer Guy has been hauling base course in. The pay request is for the removal and installation of the underground totaling \$86,866.85 less the 5% retainage of \$4,343.34 equaling \$82,523.51. A motion was made by Trustee M. Burcham and seconded by Trustee Prince to approve Pay Request 1 for the Dunn Street Project to Skid Steer Guy in the amount of \$82,523.51. Voting For: Trustees Prince, Jenson, Rud, Davis, M. Burcham and Albricht. Voting Against: none. Motion carried.

Colfantastic Event – Heather Logslett provided an email indicating that the Colfantastic is working on another event. They would like to host a 1 mile and 5K run on September 10th, 2022 (Firemen’s Ball Weekend). A projected schedule was provided. If all the items listed are approved by the fire fighters, then Niggemann sees no issues with the main item

being the Bloody Mary Bar after the 5K run/walk. The serving of the drinks would be a licensed bartender and in the fenced in area. The Class "B"/"Class B" license would allow this to occur. The Village participation may include police controlling intersections. No action required.

Transfer of Lot 3 of Eastview Development to Homes by Croix Creek – Niggemann explained that Fraley would like to begin excavating this week for Lot 3. He is also ready to add concrete driveway aprons for the homes in lot 4 and 5. A motion was made by Trustee M. Burcham and seconded by Trustee Rud to approve the transfer of Lot 3 to Homes by Croix Creek. Voting For: Trustees Rud, Jenson, Prince, M. Burcham, Davis and Albricht. Voting Against: none. Motion carried.

\$500 Donation from Homes by Croix Creek, John Fraley – Board can identify use of the funds – Niggemann explained that Fraley mentioned that the funds could be used for anything the Board wanted to designate the funds to. Some items that he has been reading about include Youth Baseball program, Library Reading and Summer Program and Elevator Project which he has previously donated funds towards the elevator fund. A motion was made by Trustee M. Burcham and seconded by Trustee Rud to designate the \$500 donation towards Library Summer Reading program. A voice vote was taken with all members voting in favor. Motion carried.

Resolution 2022-04 – Wastewater Compliance Maintenance (CMAR) – A motion was made by Trustee M. Burcham and seconded by Trustee Davis to approve Resolution 2022-04 – Wastewater Compliance Maintenance Report (CMAR). A voice vote was taken with all members voting in favor. Motion carried.

Emergency Operations Plan update for 2022- pages 1-8 and 78-80 - Niggemann explained that pages 1-8 were contact updates and pages 78-80 include the Village established rates which generally get reviewed annually. A motion was made by Trustee M. Burcham and seconded by Trustee Jenson to approve the changes of the Emergency Operations Plan for 2022 along with modifying the additional spots that the Fire Chief may not have been updated. A voice vote was taken with all members voting in favor. Motion carried.

Ordinance 2022-02 – Consider Repeal & Replace Sec. 8-1-6 -Change five days to forty-eight hours- The Board discussion included changing the time-frame to complete the ordinance violation from five days to forty-eight hours and also change the length of grass from eight inches to six inches. A motion was made by Trustee Jenson and seconded by Trustee M. Burcham to repeal and replace Ordinance Sec. 8-1-6 to 48 hours to comply and the violation to occur at six inches rather than eight inches. Voting For: Trustees M. Burcham, Davis, Rud, Jenson, Prince and Albricht. Voting Against: none. Motion carried.

Campground Considerations/Electrical Diagram \$800-\$900/Perk Test \$500/Any Other items regarding the Campground – Prince, Jenson and Bates explained what is meant by the electrical diagram cost and the Perk Test cost. The Electrical Diagram would allow for a diagram and a materials list to allow all bidders the same information to be bid. The Perk test is required by the County. If the site perks, a conventional system would be required; if it does not perk a holding tank would be allowed. Gunnufson has agreed to provide a site map which will show the camp spaces and their dimensions. A motion was made by Davis and seconded by Trustee M. Burcham to grant up to \$1,000 to the Parks Committee towards the electrical and \$500 towards the perk test, Parks Funds which may include the grant funds received in 2021. Voting For: Trustees M. Burcham, Davis, Rud, Prince, Jenson and Albricht. Voting Against: none. Motion carried.

Adjourn – A motion was made by Trustee M. Burcham and seconded by Trustee Jenson to adjourn the meeting at 8:03 p.m. A voice vote was taken with all members voting in favor. Meeting Adjourned.

Jody Albricht, Village President

Attest:

Lynn Niggemann
Administrator-Clerk-Treasurer

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/06/2022 From Account:
Thru: 6/26/2022 Thru Account:

| Check Nbr | Check Date | Payee | Amount |
|-----------|------------|--------------------------------------|-----------|
| | RAM | 6/10/2022 RAM SOFTWARE | 250.00 |
| 78124 | 6/15/2022 | ANDY FERRY | 1,881.00 |
| 78125 | 6/15/2022 | ARAMARK UNIFORM SERVICE, INC | 187.26 |
| 78126 | 6/15/2022 | BOUND TREE MEDICAL, LLC | 34.79 |
| 78127 | 6/15/2022 | CARLTON DEWITT | 688.56 |
| 78128 | 6/15/2022 | CBS SQUARED, INC | 839.25 |
| 78129 | 6/15/2022 | CITY OF MENOMONIE INTERCEPT | 250.00 |
| 78130 | 6/15/2022 | COLLABORATIVE SUMMER LIBRARY PROGRAM | 19.30 |
| 78131 | 6/15/2022 | COMMERCIAL TESTING LAB | 597.00 |
| 78132 | 6/15/2022 | CRAMER CONSULTING, LLC | 250.00 |
| 78133 | 6/15/2022 | DON LOGSLETT | 785.00 |
| 78134 | 6/15/2022 | DONS SWEEPER SERVICE/DON LOGSLETT | 2,500.00 |
| 78135 | 6/15/2022 | DUNN CO HIGHWAY DEPT | 75.00 |
| 78136 | 6/15/2022 | DUNN COUNTY NEWS | 78.65 |
| 78137 | 6/15/2022 | DUNN ENERGY COOPERATIVE | 92.00 |
| 78138 | 6/15/2022 | EBSCO INFORMATION SERVICES | 170.78 |
| 78139 | 6/15/2022 | FARRELL EQUIPMENT & SUPPLY CO. | 274.00 |
| 78140 | 6/15/2022 | FREEDOM FLAG & POLE | 498.95 |
| 78141 | 6/15/2022 | GEORGE ENTZMINGER | 100.00 |
| 78142 | 6/15/2022 | GOTO COMMUNICATIONS INC | 70.69 |
| 78143 | 6/15/2022 | HEALTH TRADITION HEALTH PLAN | 12,239.35 |
| 78144 | 6/15/2022 | HENRY SCHEIN | 875.38 |
| 78145 | 6/15/2022 | HUEBSCH LAUNDRY CO | 116.82 |
| 78146 | 6/15/2022 | HUMANA | 461.60 |
| 78147 | 6/15/2022 | HYDROCORP | 470.00 |
| 78148 | 6/15/2022 | IFLS LIBRARY SYSTEM | 203.93 |
| 78149 | 6/15/2022 | JAMES UTHE | 300.00 |
| 78150 | 6/15/2022 | KYLES MARKET | 9.70 |
| 78151 | 6/15/2022 | LEXIPOL LLC | 1,696.87 |
| 78152 | 6/15/2022 | MEDPRO MIDWEST GROUP | 135.50 |
| 78153 | 6/15/2022 | MID-AMERICAN RESEARCH CHEMICAL | 168.10 |
| 78154 | 6/15/2022 | MISSISSIPPI WELDERS SUPPLY CO. | 22.68 |
| 78155 | 6/15/2022 | MYERS SEPTIC SERVICE | 198.10 |

POOLED CHECKING ACCOUNT

Accounting Checks

Posted From: 6/06/2022 From Account:
Thru: 6/26/2022 Thru Account:

| Check Nbr | Check Date | Payee | Amount |
|-------------|------------|--|------------|
| 78156 | 6/15/2022 | PITNEY BOWES INC | 143.55 |
| 78157 | 6/15/2022 | POSTMASTER OF COLFAX | 214.00 |
| 78158 | 6/15/2022 | RUSSEL TOYCEN-POST 131-AMERICAN LEGION | 100.00 |
| 78159 | 6/15/2022 | SCHILLING SUPPLY | 310.96 |
| 78160 | 6/15/2022 | SKID STEER GUY LLC | 82,523.51 |
| 78161 | 6/15/2022 | SYNERGY COOPERATIVE | 2,925.66 |
| 78162 | 6/15/2022 | VIKING DISPOSAL, INC | 1,698.00 |
| 78163 | 6/15/2022 | WATER CARE SERVICES | 31.50 |
| 78164 | 6/15/2022 | WELD RILEY SC | 577.50 |
| 78165 | 6/15/2022 | ZOLL MEDICAL CORP | 275.00 |
| 78166 | 6/15/2022 | RESERVE ACCOUNT | 500.00 |
| 78167 | 6/17/2022 | WI DEPT. OF FINANCIAL INSTITUTIONS | 20.00 |
| EFTPS | 6/09/2022 | EFTPS-FEDERAL-SS-MEDICARE | 5,599.62 |
| EFTPS | 6/23/2022 | EFTPS-FEDERAL-SS-MEDICARE | 6,285.05 |
| WIDOR | 6/08/2022 | WI DEPARTMENT OF REVENUE | 833.52 |
| WIDOR | 6/23/2022 | WI DEPARTMENT OF REVENUE | 909.85 |
| BREMER | 6/13/2022 | CARDMEMBER SERVICE | 1,010.05 |
| WIDCOMP | 6/09/2022 | WISCONSIN DEFERRED COMPENSATION | 270.00 |
| WIDCOMP | 6/23/2022 | WISCONSIN DEFERRED COMPENSATION | 270.00 |
| WEENERGIES | 6/17/2022 | WE ENERGIES | 205.72 |
| WEENERGIES | 6/17/2022 | WE ENERGIES | 77.27 |
| Grand Total | | | 131,321.02 |

6/24/2022 7:57 AM

Reprint Check Register - Quick Report - ALL

Page: 1
ACCT

SOLID WASTE & RECYCLING RU

ALL Checks

Posted From: 6/13/2022 From Account:
Thru: 6/26/2022 Thru Account:

| Check Nbr | Check Date | Payee | Amount |
|-----------|------------|-------------------------------|-----------|
| 1136 | 6/15/2022 | DUNN ENERGY COOPERATIVE | 114.00 |
| 1137 | 6/15/2022 | FIRST CHOICE | 1,286.60 |
| 1138 | 6/15/2022 | JOHNSON ROLL-OFF SERVICE, LLC | 12,516.85 |
| 1139 | 6/15/2022 | KYLES MARKET | 31.95 |
| | | Grand Total | 13,949.40 |

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 4256

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022 inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME ROGER L Knutson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 905 7761 Email Address ROG.Knutson@HotMaltCo.com

Current Address E 8057 City Rd BB Colfax WI 54730 5 YRS
(Street) (City) (Zip Code) (yrs. at address)

Previous Address NA _____ (City) _____ (Zip Code)

Date of Birth _____ Age 62

Place of Employment Post Legion

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

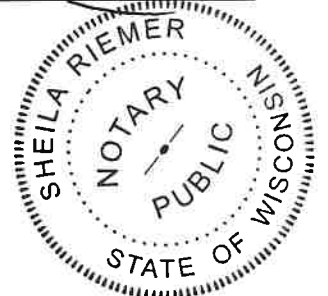
Recommendation Approve Deny [Signature] 05/06/2022
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 5th day of May, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-5-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CR 4256

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Christopher John Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 309 9830 Email Address randayosh@yahoo.com

Current Address 88538 83rd 170 Colfax WI 54730 17
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 56

Place of Employment Alecia

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

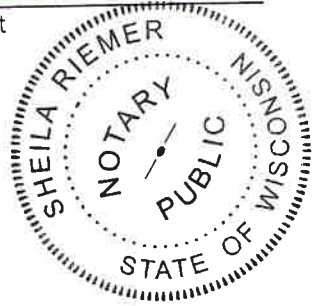
Recommendation Approve Deny [Signature] 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-23-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME STEVEN PAUL STOKKE
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 577-1737 Email Address steven251@centurytel.net

Current Address N6957 950th ST., ELK MOUND WI 54739 22
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth [REDACTED] Age 60

Place of Employment AMERICAN Legion Post 131, COLFAX, WI

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 5/17/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
X _____
Signature of Applicant

Subscribed and sworn before me this 3rd day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-3-22 Date to the Board: _____ Approved or Denied



Serving Alcohol

is proud to present this certificate to

Steven Stokke

for successful completion of the online course



Wisconsin Alcohol Seller/Server Course

PERSONS COMPLETING THIS COURSE HAVE AGREED TO EXECUTE THE FOLLOWING POLICIES TO THE BEST OF THEIR ABILITIES.

- * CARD ANY PERSON 35 YEARS OF AGE OR YOUNGER
- * OBSERVE AND REPORT ANY CUSTOMER SHOWING SIGNS OF POSSIBLE IMPAIRED BEHAVIOR TO MANAGEMENT
- * RESPOND IMMEDIATELY TO ANY POSSIBLE PROBLEM SITUATION
- * DETERMINE THE PEOPLE ENTERING THE PREMISES TO CONSUME ALCOHOL ARE OF LEGAL ALCOHOL DRINKING AGE AND RECARD THEM IF THERE IS ANY QUESTION ABOUT THEIR AGE
- * ENSURE A PERSON MATCHES THEIR VALID LEGAL IDENTIFICATION

This is a Wisconsin Department of Revenue approved Responsible Beverage Server Training Course in compliance with Sec. 125.17 (6), 134.66 (2m), and 125.04 (5) (a) 5. Wis. Stats.

Verify online at
servingalcohol.com

Verification Code
qcjNgmPSXn

Date Issued
May 3rd, 2022

VALID FOR 2 YEARS

This is not a Wisconsin operators/bartenders license.

This certificate will be requested to obtain a Wisconsin operators/bartenders license from the Wisconsin city clerk's office in the municipality where you are working.

Find your city clerk's office here: <https://elections.wi.gov/clerks/directory>

Wisconsin Alcohol Seller/Server Course

Name: Steven Stokke

Certification Date: May 3rd, 2022

Certificate Code: qcjNgmPSXn

Verify Online: servingalcohol.com

125.17(6), 134.66 (2m), 125.04(5)(a)5 Wis. Stats.

SERVING ALCOHOL INC

VALID FOR 2 YEARS

Learn more about this wallet card at <http://servingalcohol.com/wallet-card>

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME DALE T OEBER
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-525-8355 Email Address dadgboy5993@gmail.com

Current Address 511 4 AVE Colfax Wis 54730 3 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 62

Place of Employment Legion

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny Dunn Johnson 05/04/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

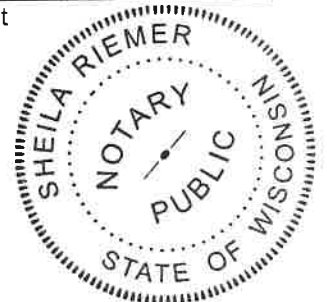
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Dale T Oeber
Signature of Applicant

Subscribed and sworn before me this 4th day of May, 20 22.

Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5422 Date to the Board: _____ Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Dale T Oebser

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/03/2022



Expiration Date
05/02/2024



Certificate #
WI-00601474

Official Signature

This certificate is non-transfereable and represents the successful completion of an approved

Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Evia Pearl Gehrman
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5302 Email Address Eviag65@gmail.com

Current Address 305 main St. Colfax 54730 19 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 56

Place of Employment Out House

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

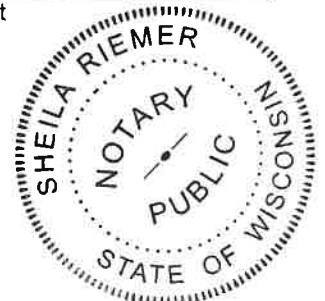
Recommendation Approve Deny [Signature] 05/12/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Evia Gehrman
Signature of Applicant

Subscribed and sworn before me this 11 day of May, 20 22
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-11-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Davina Lynn Brenden
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5059 Email Address davina.brenden@gmail.com

Current Address N 8247 940th St Colfax WI 54730 11 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 48

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 25/12/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

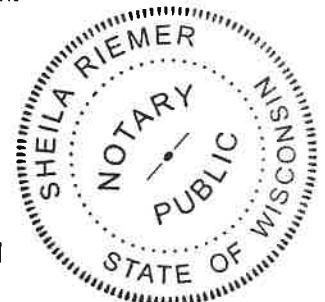
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-17-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME CHRIS ALLEN LYND
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3251 Email Address _____

Current Address 517 STAVEL COLFAX 54730 64
(Street) (City) (Zip Code) (yrs. at address)

Previous Address SANR AS ↑
(City) (Zip Code)

Date of Birth _____ Age 64

Place of Employment EXPRESS MART

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

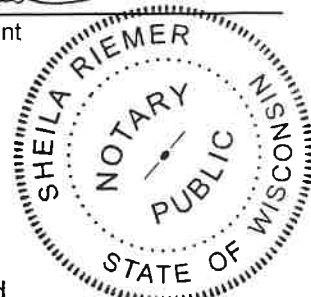
Recommendation Approve Deny [Signature] 5/18/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 3 day of May, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-17-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Brenda Lee Kettner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-440-7095 Email Address pegasus-lover-1964@yahoo.com
Current Address 118 Park Dr. Lot #230 Colfax WI 54730 3 1/2 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 57

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 05/18/2022
(Chief of Police or designated staff Signature) (Date)

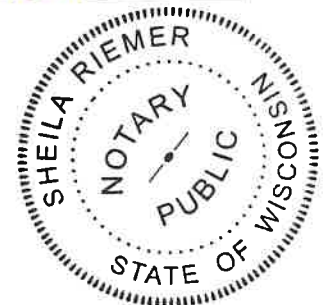
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Brenda Kettner
Signature of Applicant

Subscribed and sworn before me this 3rd day of May, 20 22
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-17-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Renee Jo Tuschl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9142 Email Address tuschlr@yahoo.com

Current Address N11005 730th St Wheeler WI 54772 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 32

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

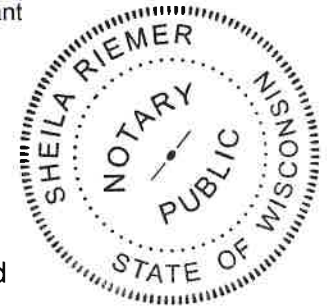
Recommendation Approve Deny [Signature] 5/18/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 5th day of May, 20 22
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-17-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Bailey Jo Haugle-Score
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-931-7514 Email Address matt_bailey_ivie@hotmail.com
Current Address E5406 1170th Ave Lot 1 Wheeler, WI 54772
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 523 Main St. Apt. #1 Colfax, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 29

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

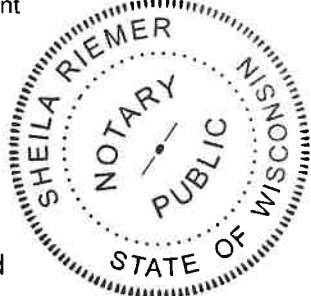
Recommendation Approve Deny [Signature] 5/18/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Bailey Haugle-Score
Signature of Applicant

Subscribed and sworn before me this 4th day of May, 20 22
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-17-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME TIMOTHY PATRICK KETTNER
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 440-7096 Email Address _____

Current Address 118 PARK DR Colfax 54730 3 1/2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 57

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny Dawn Johnson 05/18/2022
(Chief of Police or designated staff Signature) (Date)

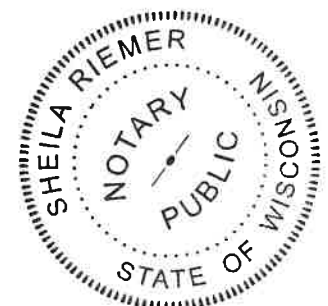
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Timothy P Kettner
Signature of Applicant

Subscribed and sworn before me this 3rd day of May, 20 22.
Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-17-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jacqueline Kaye Clark
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-4439 Email Address jackiekclark62@yahoo.com

Current Address E9715 State Road 40, Colfax, WI 54730 10 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N7689 808th St Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 60

Place of Employment Express Mart

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 5/18/2022
(Chief of Police or designated staff Signature) (Date)

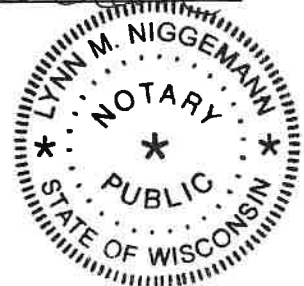
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Jacqueline K Clark
Signature of Applicant

Subscribed and sworn before me this 6th day of May, 20 22.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-17-2022 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tammy Marie Dalhoe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-497-5418 Email Address _____

Current Address E8520 St. Rd. 170 Colfax, WI 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 43

Place of Employment Kwik Trip / Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 05/24/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-23-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Peggy R Wallace
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715)651-3137 Email Address chloe-0384@yahoo.com

Current Address 807 E Railroad Ave Colfax, WI 54730 8
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 38

Place of Employment Mayo Clinic

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

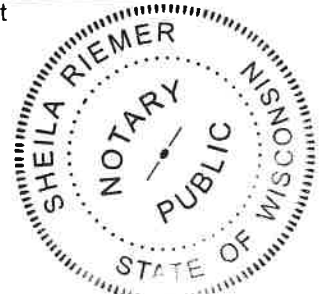
Recommendation Approve Deny [Signature] 05/23/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 23 day of May 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-23-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application
Receipt: CK 105441 *cash*

66392

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Aimee Elizabeth Fruit
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-9409 Email Address eeemia_0422@yahoo.com

Current Address 809 River View Ave. Colfax 54730 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny

[Signature] 06/08/2024
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Aimee Fruit
Signature of Applicant

Subscribed and sworn before me this 2nd day of May, 2022.

Anne Higbie June 8, 2024
(Signature of Notary Public) (Commission Expires)



Date Received: 5-27-22 Date to the Board: _____ Approved or Denied



CERTIFICATE OF COMPLETION

This certifies that

Aimee Fruit

is awarded this certificate for

Wisconsin Responsible Beverage Server Training

 Completion Date
04/22/2022

 Expiration Date
04/21/2024

 Certificate #
WI-00601049


Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.68(2m), Wis. Stats.

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.981.2235 | www.360training.com

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Steven Dwayne Longo
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-2480 Email Address _____

Current Address N8476 745th St Colfax WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 32

Place of Employment Out house

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 05/26/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

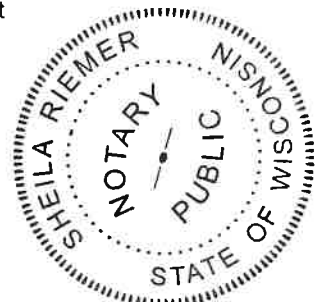
X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25 day of May 20 22.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)

Date Received: 5.25.22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application
Receipt: pd \$10 cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mary Jane Roehl
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-6227 Email Address myroehl78@gmail.com

Current Address N8420 970th St Colfax 54730 13
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 43

Place of Employment Out house

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation

Approve Deny

William J. Polun 05/26/2023
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 26th day of May, 20 22.

Lynn M. Niggemann
(Signature of Notary/Public)

05-07-2023
(Commission Expires)



Date Received: 5-26-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application

Receipt: pd \$10 cash
fr

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Dezirey Diamond Raak
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-7900 Email Address raakdezirey@gmail.com

Current Address 5312 Burnell Dr Colfax 54703 0
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 6699 830th Ave Colfax 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 30

Place of Employment Outhouse

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny

[Signature] 05/26/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25th day of May, 20 22.

[Signature]
(Signature of Notary Public)

05-07-2023
(Commission Expires)



Date Received: 05/23/2022 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Nancy K Taylor
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-933-0926 Email Address nancy85.5@hotmail.com

Current Address E 9470 1130th Ave Colfax WI 54730 03
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] Sand Creek 54757
(City) (Zip Code)

Date of Birth [Redacted] Age 55

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/1/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature] x [Signature]
(Signature of Notary Public) (Signature of Applicant)

Subscribed and sworn before me this 26TH day of May, 2022.
[Signature] July 28, 2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mikki Jean McCutcheon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-1388 Email Address camocountry20@yahoo.com

Current Address 406 Main St Colfax 54730 12 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address N10693 470th St Lot 102 Menomonie 54751
(City) (Zip Code)

Date of Birth [Redacted] Age 35

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/1/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

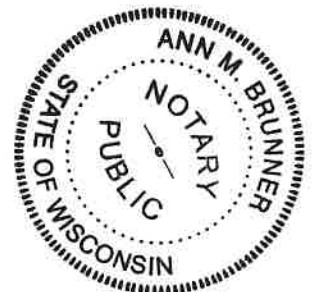
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

[Signature]
Signature of Applicant

Subscribed and sworn before me this 26th day of May, 20 22

[Signature]
(Signature of Notary Public)

July 28 2023
(Commission Expires)



Date Received: 5.27.22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kyle James Krall
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2062 Email Address KyleKrallFishing5000@gmail.com

Current Address N8310 855th ST 54730 20
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 20

Place of Employment 3 years Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/01/23
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 25 day of May, 20 23.
[Signature] 6/26/26
(Signature of Notary Public) (Commission Expires)



Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jeffrey Larry Rene
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-4881 Email Address mamatuschl@yahoo.com

Current Address 302 4th Ave Colfax 54730 17
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] (City) (Zip Code)

Date of Birth [Redacted] Age 51

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/01/2023
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 19th day of May, 2022.
[Signature] (Signature of Notary Public) July 28, 2023 (Commission Expires)



Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Nicole J Gotlibson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number (715) 933-2647 Email Address Nicole-gotlibson-2003@
hotmail.com
Current Address 118 park Dr Hill Colfax 54730 5 yrs.
(Street) (City) (Zip Code) (yrs. at address)
Previous Address _____ (City) _____ (Zip Code)
Date of Birth _____ Age 29
Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

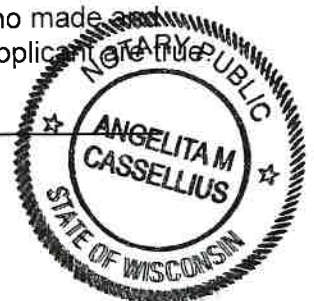
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/1/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Nicole Gotlibson
Signature of Applicant



Subscribed and sworn before me this 19 day of May, 20 22.

[Signature]
(Signature of Notary Public)

January 20, 2025
(Commission Expires)

Date Received: 5-27-22 Date to the Board: _____ Approved or Denied

Angelita M. Cassellius
Notary Public - State of Wisconsin
My Commission Expires January 20, 2025

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK10544

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Julie Marie Eiseth
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-0353 Email Address jmeiseth64@gmail.com

Current Address 118 Park Dr. Colfax WI 54730 5
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 58

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

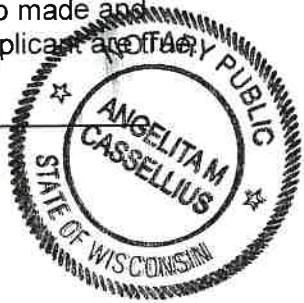
Recommendation Approve Deny [Signature] 6/1/23
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 19 day of May, 2023.
[Signature] January 20 2025
(Signature of Notary Public) (Commission Expires)



Date Received: 5.27.23 Date to the Board: _____ Approved or Denied

Angelita M. Cassellius
Notary Public - State of Wisconsin
My Commission Expires January 20, 2025

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK105441

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jalene Sue Amick
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 699 0419 Email Address _____

Current Address 502 1/2 Cedar St Colfax, WI 54730 4+ years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 409 E. River St. Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 54

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

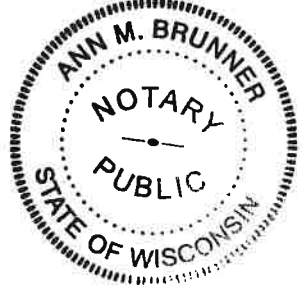
Recommendation Approve Deny [Signature] 6/1/23
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Jalene Amick
Signature of Applicant

Subscribed and sworn before me this 20TH day of July, 20 22.
[Signature] July 28, 2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5.27.22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 10544

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tristan James Wolf
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-0695 Email Address * Soccergod34@hotmail.com

Current Address 100 Viking Dr. Colfax Wi 54730 34
(Street) (City) (Zip Code) (yrs. at address)

Previous Address [Redacted] [Redacted] [Redacted]
(City) (Zip Code)

Date of Birth [Redacted] Age 34

Place of Employment Kyles Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/1/22
(Chief of Police or designated staff Signature) (Date)

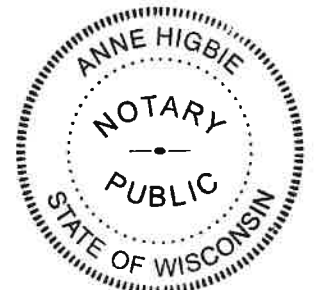
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23rd day of May, 2022.
Anne Higbie June 8, 2024
(Signature of Notary Public) (Commission Expires)

Date Received: 5.27.22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1054211

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Mary Michele Muza
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-4801 Email Address Marymuza60@gmail.com

Current Address 308 11th St. Menomonie 54751 16 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address: _____ (City) _____ (Zip Code)

Date of Birth _____ Age 61

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/1/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

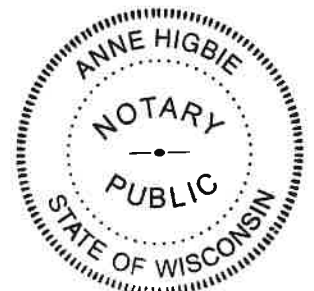
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Mary M Muza
Signature of Applicant

Subscribed and sworn before me this 20 day of May, 20 22.

Anne Higbie June 8, 2024
(Signature of Notary Public) (Commission Expires)

Date Received: 5/27/22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Ceale

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME TAMARA Ann Whinnery
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-704-0707 Email Address tamiwhin@gmail.com
Current Address N8948 County Road M Colfax, WI 54730 25yrs
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 704 Amble Street Colfax 54730
(City) (Zip Code)
Date of Birth [Redacted] Age 102
Place of Employment Wuthouse Bar

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/01/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

Tamara Whinnery
Signature of Applicant

Subscribed and sworn before me this 26 day of May, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 5-26-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Joni Lynn Koehler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-914-4233 Email Address _____

Current Address N7001 1090th Menomonie, WI 54751 8 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 43

Place of Employment Synergy/Subway

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/02/2023
(Chief of Police or Designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Joni Koehler
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Suzanne Marie Hagen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-2280 Email Address _____

Current Address N8519 County Rd. M Colfax 54730 31
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 59

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 02/08/2023
(Chief of Police or designated staff Signature) (Date)

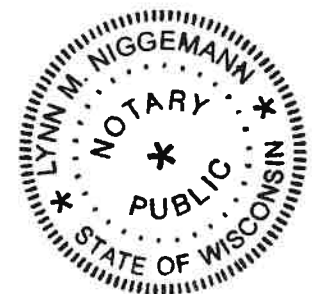
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Suzanne M. Hagen
Signature of Applicant

Subscribed and sworn before me this 19th day of May, 20 22.

[Signature] 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-19-2022 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Robin Sue Sarauer
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 226-5819 Email Address rsarauer@colfaxwi.com

Current Address 619 17th Ave Bloomer 54724 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 38

Place of Employment Synergy cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

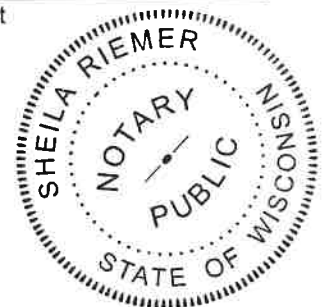
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 17 day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kayla Jane Brown
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9367 Email Address brown.kayla83@gmail.com

Current Address N8227 Chippewa Colfax 54730 9
(Street) (City) (Zip Code) (yrs. at address)

Previous Address ES 415 80th Ave Colfax 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 38

Place of Employment Synergy Community Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

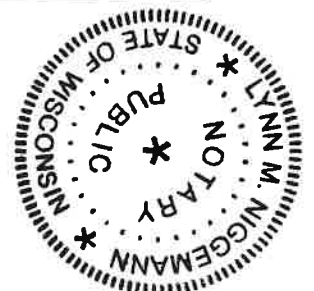
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 23rd day of May, 20 22.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)

Date Received: 5/23/22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 20 23, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Joshua Christopher Larson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0546 Email Address crazy2create1924@Outlook.com

Current Address E8538 State Road 170 Colfax WI 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
City (Zip Code)

Date of Birth _____ Age 22

Place of Employment Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny W. J. Johnson 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

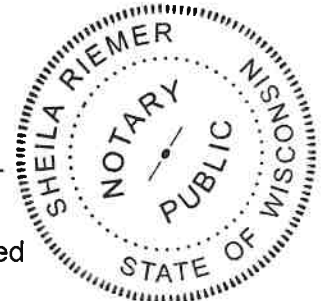
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Joshua C. Larson
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 22.

Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Abby Lane Demoe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-5003 Email Address abbydemoe13@gmail.com

Current Address N7401 State Road 40 Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 20

Place of Employment Cenex

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/22/2022
(Chief of Police or designated staff Signature) (Date)

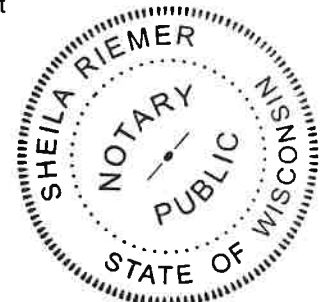
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Abby Demoe
Signature of Applicant

Subscribed and sworn before me this 23 day of May, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Noah James Heidorn
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-651-5213 Email Address noahjheidorn@gmail.com

Current Address N8287 948th St Colfax 54730 12
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Noah Heidorn
Signature of Applicant

Subscribed and sworn before me this 20th day of May, 2022.
Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-20-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Hannah Marie Demoe
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-2717 Email Address hannahdemoe@gmail.com

Current Address 2714 Borgey Dr. Apt. 2 Menomonie 54751 1
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 117401 St. Rd. 240 Colfax Wisconsin 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 24

Place of Employment Colfax Synergy Gas Station.

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/05/22
(Chief of Police or designated staff Signature) (Date)

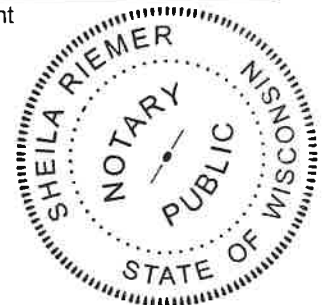
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Hannah Demoe
Signature of Applicant

Subscribed and sworn before me this 16 day of May, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jasmine Olivia Best
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 704 1015 Email Address jazzbest0115@gmail.com

Current Address E7966 County Rd S Colfax 54730 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 18

Place of Employment Synergy Convenience Store

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/03/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

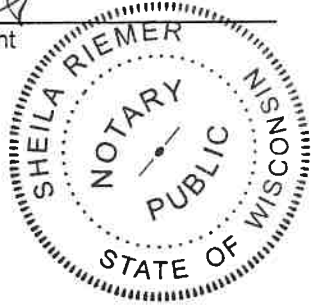
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Jasmine Best
Signature of Applicant

Subscribed and sworn before me this 3 day of May, 20 22.

[Signature] _____
(Signature of Notary Public) (Commission Expires)

Date Received: 5-31-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Morgan Joelle Jensen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-2348 Email Address mjojensen@gmail.com

Current Address 2675 82nd Ave. Colfax 54730 19
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 19

Place of Employment Synergy Cooperative

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

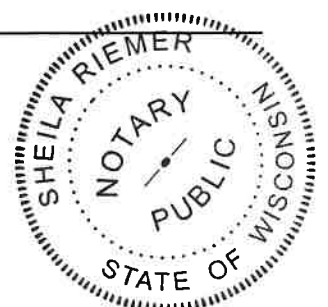
Recommendation Approve Deny [Signature] 06/05/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this, 31 day of May, 20 22
[Signature] _____
(Signature of Notary Public) (Commission Expires)



Date Received: 5-31-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: \$10

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Alana Narah Smith
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715 651-5564 Email Address alana.smith@outlook.com

Current Address 8490 89th Ave Colfax 54730 14
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 503 maple st Colfax 54730
(City) (Zip Code)

Date of Birth [Redacted] Age 18

Place of Employment Synergy Corp

POLICE DEPT APPLICABLE OFFENSE CRITERIA
A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 04/25/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Alana Smith
Signature of Applicant

Subscribed and sworn before me this 31 day of May, 20 2022

Ryan M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)



Date Received: 5-31-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License

Fee: \$10.00 each application
Receipt: CK 5274

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Vicki Lynn Christerson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-0939 Email Address VC9295@yahoo.com

Current Address E8620 N. Cty Rd. E Elk Mound 54739 7 yrs.
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 61

Place of Employment Mom's Restaurant + Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny

[Signature] 06/16/22
(Chief of Police or Designated Staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

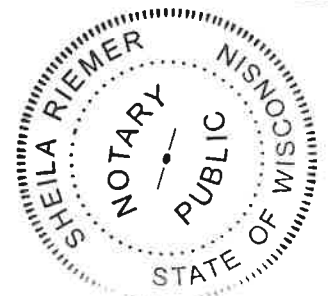
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 1 day of June, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-1-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 -- Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 5214

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Leah marie Scheffler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1313 Email Address scheffler.leah@yahoo.com

Current Address E8543 680th Ave Elk Mound WI 54739 12 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 39

Place of Employment mom's Restaurant and Pub

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/02/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license; that all the statements made by applicant are true.

x Leah M. Scheffler
Signature of Applicant

Subscribed and sworn before me this 1 day of June, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 6-1-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Lyndsey Ina Pederson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 505-2381 Email Address lyndseyina@gmail.com

Current Address 507 West Colfax 54730 4.5 years
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth [REDACTED] Age 38

Place of Employment a Little Slice of Italy

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/22
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

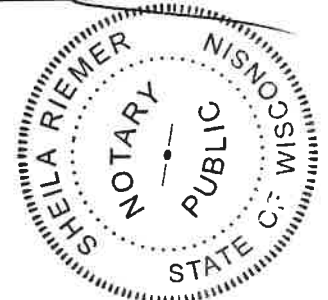
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 22

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-6-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 4584

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Trevor Patrick Schindler
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-308-5885 Email Address _____

Current Address N10114 City Rd W Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 25

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 6/10/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

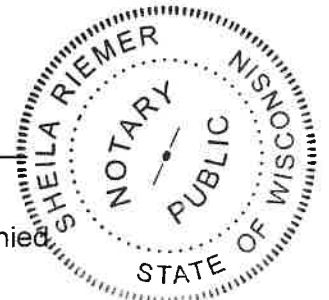
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Trevor Schindler
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 22

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-6-22 Date to the Board: _____ Approved or Denied _____



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 4584

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jakob Mason Moose
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-505-8951 Email Address moose.jakob2002@yahoo.com

Current Address 800th St Colfax 54730 20
(Street) (City) (Zip Code) (yrs. at address)

Previous Address same same same
(City) (Zip Code)

Date of Birth [REDACTED] Age 20

Place of Employment Viking Bowl & Lounge

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June 20 22

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 6-6-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: OK 4584

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kayla Agnes Jenson
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-338-5414 Email Address Kaylajenson11@gmail.com

Current Address E6712 State Rd 170 Colfax, WI 54730 (5)
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 711 Dark Drive Colfax, WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 25

Place of Employment Viking Bowl

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

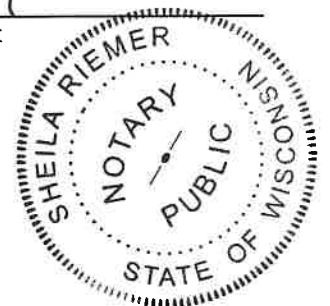
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Kayla Jenson
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 2022.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 6-6-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CR 4584

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tammy Lynn Simon
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-828-8365 Email Address tammys26-700@
Current Address E7546 620th Ave Elk Mound 54739 30 yellow.com
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 50

Place of Employment Viking Bowl & Lounge

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

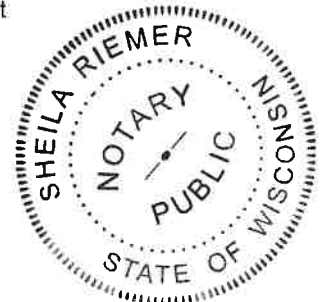
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 2022

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-6-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License

New License

Renewal License

Fee: \$10.00 each application
Receipt: CK 4584

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kaitlyn Michelle Papineau
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-1704 Email Address albrichtkatie@gmail.com

Current Address E. 636 833rd Ave Colfax WI 54730 2
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 21

Place of Employment Viking Bowl & Lounge

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/23
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

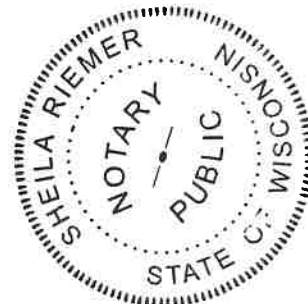
x Kaitlyn Papineau
Signature of Applicant

Subscribed and sworn before me this 6 day of June, 20 22.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)

Date Received: 6-6-22 Date to the Board: _____ Approved or Denied





LEARN 2 SERVE™

CERTIFICATE OF COMPLETION

This certifies that

Kaitlyn Papineau

is awarded this certificate for

Wisconsin Responsible Beverage Server Training



Completion Date
05/12/2022



Expiration Date
05/11/2024



Certificate #
WI-00601776


Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: ck 1342

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Deborah Lynne Petersen
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-225-2595 Email Address Petersedle36@gmail

Current Address E 8057 Century BB Colfax WI 54730 6 months
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 11251 20th St. Colfax WI 54730
(City) (Zip Code)

Date of Birth [REDACTED] Age 56

Place of Employment Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 25/11/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

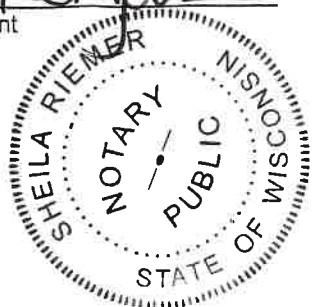
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 10 day of May, 20 22.

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 5-10-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1342

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Andrew Lee Anderson
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-308-1575 Email Address anderson andy2@live.com
Current Address 2215 Folsom st apt 225 Fau Claire 54703 WI 1
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 2819 3rd st Fau Claire WI 54703
(City) (Zip Code)
Date of Birth [REDACTED] Age 29
Place of Employment The Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 05/11/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

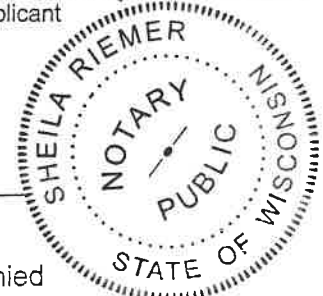
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 10 day of May, 2022.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 5-10-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Kara Lynn Buchner
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-962-3747 Email Address Karabuchner0923@yahoo

Current Address 509 Fairview Dr Colfax WI 54730 15
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 44

Place of Employment Kyle's Market

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/07/2022
(Chief of Police or designated staff Signature) (Date)

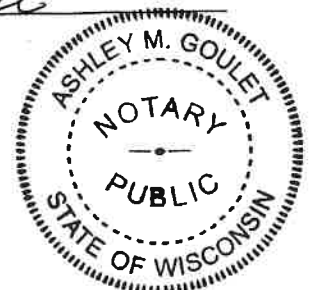
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature]
Signature of Applicant

Subscribed and sworn before me this 2nd day of June, 20 22.

[Signature] 10-23-24
(Signature of Notary Public) (Commission Expires)



Date Received: 6-7-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Katherine Ann Walters
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 320-761-9699 Email Address Kathyafaber@gmail.com

Current Address N 9544 640th St. Colfax WI 54730 8 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address 17177 State Hwy 24 NW Clearwater MN 55320
(City) (Zip Code)

Date of Birth [REDACTED] Age 69

Place of Employment Retired

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny W. J. [Signature] 06/09/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

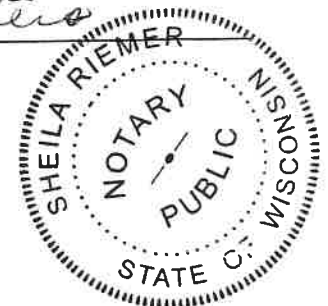
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Katherine Walters
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 20 22.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 6-8-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1641

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tiffany Ann Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 507-951-7243 Email Address tiffanyp-02@hotmail.com

Current Address 1003 Werson Rd Colfax 54730 4
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 39

Place of Employment Dunn County

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny Wendy Johnson 06/08/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

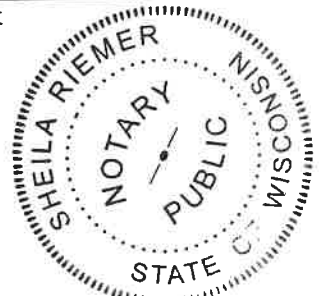
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x Tiffany Prince
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 20 22.

Sheila Riemer 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-8-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK1041

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Tammy Renee Nelson (Briggs)
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number 715-894-0454 Email Address tbriggs241@gmail.com
Current Address N8076 577th St. Colfax, WI 54730 2 yrs.
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 502 Pine St. Colfax, WI 54730
(City) (Zip Code)
Date of Birth [REDACTED] Age 50
Place of Employment Elk Mound School District

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/08/2022
(Chief of Police or designated staff Signature) (Date)

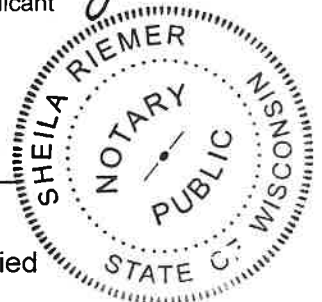
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Tammy R. Nelson
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 20 22.
[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)

Date Received: 6-8-22 Date to the Board: _____ Approved or Denied



Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1641

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Hailey Brianne Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number (715) 577-4219 Email Address hailey.prince106@gmail.com

Current Address 1004 University Ave Colfax 54730
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 21

Place of Employment Student

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 2/19/2022
(Chief of Police or designated staff Signature) (Date)

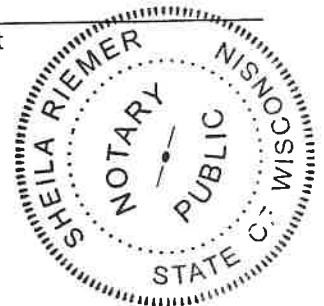
STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Hailey Prince
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 2022

[Signature] 7-17-22
(Signature of Notary Public) (Commission Expires)



Date Received: 6-8-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: CK 1342

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2023, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Elizabeth Bailey Affolter
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-704-9170 Email Address elizabethaffolter@gmail.com

Current Address E7520 770th Ave Colfax WI 54730 18
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____
(City) (Zip Code)

Date of Birth _____ Age 21

Place of Employment Blind Tiger

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/09/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

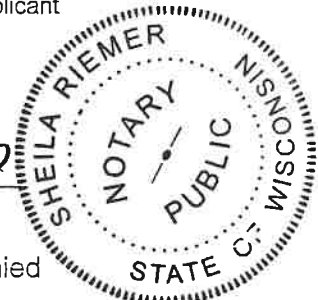
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X [Signature] [Signature]
Signature of Applicant

Subscribed and sworn before me this 8 day of June, 20 22

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 6-8-22 Date to the Board: _____ Approved or Denied _____

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: Cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME THOMAS J DUNBAR
FIRST NAME MIDDLE NAME LAST NAME
Telephone Number (715) 962-4128 Email Address diamond451p@yahoo.com
Current Address 502 EVERGREEN ST. COLFAX, WI 54730 56 yrs.
(Street) (City) (Zip Code) (yrs. at address)
Previous Address 607 MAIN ST COLFAX, WI 54730 5 yrs.
(City) (Zip Code)
Date of Birth [REDACTED] Age 78
Place of Employment RETIRED

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/14/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

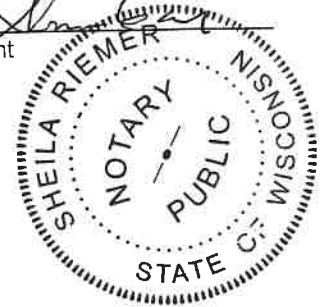
The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

x [Signature]
Signature of Applicant

Subscribed and sworn before me this 13 day of June, 20 22.

[Signature]
(Signature of Notary Public)

7-17-22
(Commission Expires)



Date Received: 6-13-22 Date to the Board: _____ Approved or Denied

Village of Colfax

PO Box 417 - Colfax, Wisconsin 54730 - Phone 715-962-3311
Fax 715-962-2221

Application for License to Serve Fermented Malt Beverages and Intoxicating Liquors

Provisional License New License Renewal License Fee: \$10.00 each application
Receipt: pd cash

TO THE BOARD OF THE VILLAGE OF COLFAX, WISCONSIN:

I, hereby apply for a license to serve, from date hereof to JUNE 30, 2022, inclusive (unless sooner revoked), Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations imposed by Section 125.32(2) and 125.68(2) of the Wisconsin Statutes and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws resolutions, ordinances and regulations, Federal, State or Local, affecting the sale of such beverages and liquors if a license be granted to me.

Answer the following questions fully and completely: (PLEASE PRINT)

NAME Jeffrey William Prince
FIRST NAME MIDDLE NAME LAST NAME

Telephone Number 715-556-3471 Email Address jeffprince89@gmail.com

Current Address 1004 University Ave Colfax WI 54730 23 yrs
(Street) (City) (Zip Code) (yrs. at address)

Previous Address _____ (City) (Zip Code)

Date of Birth _____ Age 51

Place of Employment Self employed

POLICE DEPT APPLICABLE OFFENSE CRITERIA

A records check will be conducted for violations of any law or ordinances during the past 10 years that substantially relate to the license applied for. Those convictions are considered by the Village of Colfax in determining whether a license will be granted. You will be notified by the Village of Colfax Police Department if your application is recommended for denial to the Village Board.

Recommendation Approve Deny [Signature] 06/13/2022
(Chief of Police or designated staff Signature) (Date)

STATE OF WISCONSIN/ DUNN COUNTY

The above named applicant, being first duly sworn on oath says that he/she is the person who made and signed the foregoing application for an operator's license: that all the statements made by applicant are true.

X Jeffrey W. Prince
Signature of Applicant

Subscribed and sworn before me this 13th day of June, 2022.

Lynn M. Niggemann 05-07-2023
(Signature of Notary Public) (Commission Expires)

Date Received: 06/13/2022 Date to the Board: _____ Approved or Denied



Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|------------------|---------|---------------|--|
| Nelson, | Mark | A | 30749 136th St. New Auburn, WI 54757 |
| Johnson | Lisa | J | 501 West St. Colfax WI 54730 |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|---|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|---------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------|---------|---------------|--|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
|-----------------------------------|---------|---------------|--|
| Nelson | Mark | A | 30749 136th St New Auburn, WI 54757 |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Johnson | Lisa | J | 501 West St. Colfax WI 54730 |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name Outhouse Bar Business Phone Number 715-962-3339
 2. Address of Premises 413 Main St. Post Office & Zip Code P.O. Box 81 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Ground floor, Storage Room, deck on South side.

| Applicant's Wisconsin Seller's Permit Number <u>456 0000 1655 4802</u> | |
|---|-------------------------|
| FEIN Number <u>39 134 7846</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>400.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>522.50</u> |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|-------------------------------------|---|
| Contact Person's Name (Last, First, M.I.) <i>Lisa J. Johnson</i> | Title / Member <i>Partner</i> | Date <i>05-09-2022</i> |
| Signature <i>Lisa J. Johnson</i> | Phone Number <i>715-942-2829</i> | Email Address <i>lisajms@gmail.com</i> |

TO BE COMPLETED BY CLERK

| | | |
|---|--|-----------------------------------|
| Date received and filed with municipal clerk <i>05-20-2022</i> | Date reported to council / board <i>6-27-2022</i> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|--------------------------|--------------------------------------|------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Johnson</u> | | (first name) <u>Lisa</u> | | (middle name) <u>J</u> | |
| Home Address (street/route) <u>501 West St.</u> | | Post Office | City <u>Colfax</u> | State <u>WI</u> | Zip Code <u>54730</u> |
| Home Phone Number <u>715-962-2829</u> | | Age <u>44</u> | Place of Birth <u>Eau Claire, WI</u> | | |

The above named individual provides the following information as a person who IS (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 43 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|------------------------------------|---|------------------------------|----------------------|
| Employer's Name <u>Outhouse</u> | Employer's Address <u>413 main St.</u> | Employed From <u>2002</u> | To <u>Present</u> |
| Employer's Name <u>Wal Mart</u> | Employer's Address <u>Menomonie</u> | Employed From <u>2000</u> | To <u>2002</u> |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Lisa J Johnson
Signature of Named Individual

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|------------|---------------|----------------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Nelson | | Mark | | A | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 30749 136 th St. | | | New Auburn | WI | 54757 |
| Home Phone Number | | | Age | Date of Birth | Place of Birth |
| 715-967-2425 | | | 65 | | Eau Claire WI |

The above named individual provides the following information as a

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 60+ years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|-----------------|---|---------------|---------|
| Employer's Name | Employer's Address | Employed From | To |
| Self | 30749 136 th St. New Auburn WI | 1-1-78 | Present |
| Employer's Name | Employer's Address | Employed From | To |
| | | | |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark A. Nelson
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Young Active Ventures, LLC</u> | <u>706 Stetten St. Colfax WI 54730</u> |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|---------------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Young</u> | <u>Alicia</u> | <u>M</u> | <u>706 Stetten St. Colfax WI 54730</u> |

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|-----------------------------------|---------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Young</u> | <u>Alicia</u> | <u>M</u> | <u>706 Stetten St. Colfax WI 54730</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name Viking Bowl + Lounge Business Phone Number 715-962-3252
 2. Address of Premises 108 main St. Post Office & Zip Code Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Lounge + dining area, party room, alleys

| Applicant's Wisconsin Seller's Permit Number | |
|--|-------------------------|
| <u>456 102899 123602</u> | |
| FEIN Number | |
| <u>474672395</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>400.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>522.50</u> |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|-------------------------------------|---|
| Contact Person's Name (Last, First, M.I.) <i>Young, Alicia M</i> | Title / Member <i>Owner</i> | Date |
| Signature <i>Alicia Young</i> | Phone Number <i>715-781-0598</i> | Email Address <i>Amyoung1946@gmail.com</i> |

TO BE COMPLETED BY CLERK

| | | |
|---|--|---|
| Date received and filed with municipal clerk <i>6-6-2022</i> | Date reported to council / board <i>6-27-2022</i> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk <i>Shel Linn</i> |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|----------------------------|--------------------|---------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Young</u> | | (first name) <u>Alicia</u> | | (middle name) <u>M</u> | |
| Home Address (street/route) <u>706 Stetten St</u> | | Post Office | City <u>Colfax</u> | State <u>WI</u> | Zip Code <u>54730</u> |
| Home Phone Number <u>715-781-0598</u> | | Age | Date of Birth | Place of Birth <u>Lawton DK</u> | |

The above named individual provides the following information a

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Manager of Young Active Ventures, LLC
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 26 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| Employer's Name | Employer's Address | Employed From | To |
|-----------------------|----------------------------------|---------------|-------------|
| <u>Whitetail Golf</u> | <u>8414 760th Ave. Colfax WI</u> | <u>2008</u> | <u>2014</u> |
| <u>Wal Mart</u> | <u>6120 3rd Dr. Menomonie WI</u> | <u>1985</u> | <u>2007</u> |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Alicia Young
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

| Applicant's Wisconsin Seller's Permit Number 456-1026446429-02 | |
|---|-----------------|
| FEIN Number 27-1107309 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input checked="" type="checkbox"/> Class A beer | \$ 10 |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ 22.50 |
| TOTAL FEE | \$ 32.50 |

A. Individual or Partnership:

| | | | |
|----------------------------|-------------------|--------------------|--|
| Full Name (Last) Thaler | (First) Steven | (Middle Name) M | Home Address (Street, City or Post Office, & Zip Code) 310 S Main St Chippewa Falls, WI 54729 |
| Full Name (Last) Thaler | (First) John | (Middle Name) T | Home Address (Street, City or Post Office, & Zip Code) 310 S Main St Chippewa Falls, WI 54729 |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company J & S Sales of Chippewa Falls, LLC | Address of Corporation / Limited Liability Company (if different from licensed premises) |
|---|--|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|--------------------------|------------------|---------------|---|
| Agent Last Name DEMOE | (First) RONDI | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) PO BOX 251 COLFAX, WI 54730 |
|--------------------------|------------------|---------------|---|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|---|-------------------|--------------------|--|
| President / Member Last Name Thaler | (First) Steven | (Middle Name) M | Home Address (Street, City or Post Office, & Zip Code) 310 S Main St Chippewa Falls, WI 54729 |
| Vice President / Member Last Name Thaler | (First) John | (Middle Name) t | Home Address (Street, City or Post Office, & Zip Code) 310 S Main St Chippewa Falls, WI 54729 |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

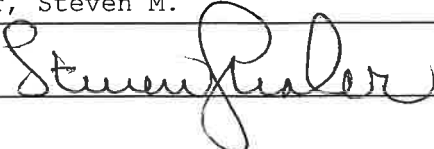
- Trade Name Express Mart Business Phone Number 715-962-3241
- Address of Premises 616 MAIN ST Post Office & Zip Code COLFAX, WI 54730
- Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No
- Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)
Convenience Store

RECEIVED

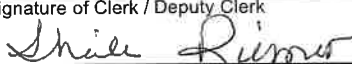
MAY 12 2022

5. Legal description (omit if street address is given on previous page): Convenience Store
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|------------------------------|------------------------------------|
| Contact Person's Name (Last, First, M.I.) Thaler, Steven M. | Title / Member Member | Date 5-10-2022 |
| Signature  | Phone Number 715-723-2822 | Email Address www.thaleroil.com |

TO BE COMPLETED BY CLERK

| | | |
|---|---|--|
| Date received and filed with municipal clerk 5-12-2022 | Date reported to council / board 6-27-2022 | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk  |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|-------------|----------------|-------|---------------|--|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Iverson - De Moe | | Rondi | | L | |
| Home Address (street/route) | Post Office | City | State | Zip Code | |
| 703 Pine St. | PO Box 251 | Colfax | WI | 54730 | |
| Home Phone Number | Age | Place of Birth | | | |
| 715-556-3796 | 66 | Eau Claire Wi | | | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|-----------------|--------------------|---------------|---------|
| Employer's Name | Employer's Address | Employed From | To |
| Express Mart | 666 Main St | 2011 | Present |
| Employer's Name | Employer's Address | Employed From | To |
| | | | |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 17 2022

Rondi De Moe

(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 04/30/2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

| Applicant's Wisconsin Seller's Permit Number <u>456102559186603</u> | |
|--|-----------------|
| FEIN Number <u>260907158</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input checked="" type="checkbox"/> Class A beer | \$ <u>10.00</u> |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input checked="" type="checkbox"/> Class A liquor | \$ <u>50.00</u> |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>82.50</u> |

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Kyles Market Inc.</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| | |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------------------------|------------------------|---------------------------|---|
| Agent Last Name <u>Kressin</u> | (First) <u>Kyle</u> | (Middle Name) <u>A</u> | Home Address (Street, City or Post Office, & Zip Code) <u>N8441 Co. Rd M Colfax WI 54730</u> |
|-----------------------------------|------------------------|---------------------------|---|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|---|----------------------------|---------------------------|---|
| President / Member Last Name <u>Kressin</u> | (First) <u>Kyle</u> | (Middle Name) <u>A</u> | Home Address (Street, City or Post Office, & Zip Code) <u>N8441 Co. Rd M Colfax WI 54730</u> |
| Vice President / Member Last Name <u>Kressin</u> | (First) <u>Nicholas</u> | (Middle Name) <u>N</u> | Home Address (Street, City or Post Office, & Zip Code) <u>N9811 550th St Colfax WI 54730</u> |
| Secretary / Member Last Name <u>Kressin</u> | (First) <u>Claudia</u> | (Middle Name) <u>J</u> | Home Address (Street, City or Post Office, & Zip Code) <u>N8441 Co Rd M Colfax WI 54730</u> |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name Kyles Market Business Phone Number 715-962-3585
 2. Address of Premises 115 Main St. Post Office & Zip Code Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Room by front registers, beer case, sales floor by beer case.

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3**, Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|---|-------------------------------------|--|
| Contact Person's Name (Last, First, M.I.) <i>Kressin, Kyle A</i> | Title / Member <i>Owner</i> | Date <i>5-18-22</i> |
| Signature <i>Kyle Kressin</i> | Phone Number <i>715-505-2290</i> | Email Address <i>info@kylesmarket.com</i> |

TO BE COMPLETED BY CLERK

| | | |
|--|--|--|
| Date received and filed with municipal clerk <i>5.27.2022</i> | Date reported to council / board <i>6.27.2022</i> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk <i>Shirley Bunn</i> |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | |
|---|--|-----------------------------|-------------------------------------|---|
| Individual's Full Name (please print) (last name) Kressin | | (first name) Kyle | (middle name) A | |
| Home Address (street/route) N 8441 Co. Rd M | | Post Office | City Colfax | State WI Zip Code 54730 |
| Home Phone Number 715-942-2291 | | Age 58 | Place of Birth Bloomer WI | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- President** of **Kyles Market Inc.**
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

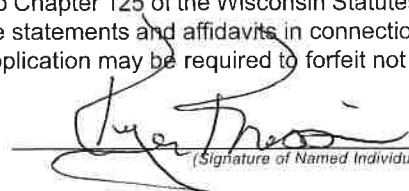
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 58 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. (Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|---|--|------------------------------|----------------------|
| Employer's Name Kyles Market | Employer's Address 115 Main St | Employed From 2007 | To Present |
| Employer's Name Kirkwoods IGA | Employer's Address 115 Main St | Employed From 1991 | To 2007 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|--|--|------------------------------|-----------------------|---|-----------------------|
| Individual's Full Name (please print) (last name) <u>Kressin</u> | | (first name) <u>Nicholas</u> | | (middle name) <u>N</u> | |
| Home Address (street/route) <u>N9811 550th St</u> | | Post Office | City <u>Co Rex</u> | State <u>WI</u> | Zip Code <u>54730</u> |
| Home Phone Number <u>715-505-7373</u> | | | Age <u>[Redacted]</u> | Place of Birth <u>Chippewa Falls WI</u> | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
 - A member of a **partnership** which is making application for an alcohol beverage license.
 - Vice President of Kyles Market Inc.
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

1. How long have you continuously resided in Wisconsin prior to this date? 36 years
2. Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. (Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|--|--|------------------------------|----------------------|
| Employer's Name <u>Kyles Market</u> | Employer's Address <u>115 main St</u> | Employed From <u>2011</u> | To <u>Present</u> |
| Employer's Name <u>Military</u> | Employer's Address | Employed From <u>2005</u> | To <u>2012</u> |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07 01 2022 ending: 06 30 2023
(mm dd yyyy) (mm dd yyyy)

To the Governing Body of the: Town of }
 Village of } COLFAX
 City of }

County of DUNN Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|--|---|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company SYNERGY COMMUNITY COOPERATIVE | Address of Corporation / Limited Liability Company (if different from licensed premises) PO BOX 155, RIDGELAND, WI 54763 |
|--|---|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|--------------------------|--------------------|---------------|--|
| Agent Last Name BROWN | (First) CHARLES | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) E8948 810TH AVE COLFAX, WI 54730 |
|--------------------------|--------------------|---------------|--|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|---|------------------|--------------------|---|
| President / Member Last Name SCORE | (First) DAVID | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) N12103 430TH ST, BOYCEVILLE, WI 54725 |
| Vice President / Member Last Name MOLLS JR | (First) ROMAN | (Middle Name) A | Home Address (Street, City or Post Office, & Zip Code) 459 16TH AVE ALMENA, WI 54805 |
| Secretary / Member Last Name JOHNSON | (First) BRIAN | (Middle Name) R | Home Address (Street, City or Post Office, & Zip Code) N12038 890TH ST COLFAX, WI 54730 |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name KNUTSON | (First) KYLE | (Middle Name) L | Home Address (Street, City or Post Office, & Zip Code) N10037 CTY RD M COLFAX, WI 54730 |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name COLFAX CENEX Business Phone Number (715) 962-3172

2. Address of Premises 401 E. RAILROAD AVE Post Office & Zip Code COLFAX 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

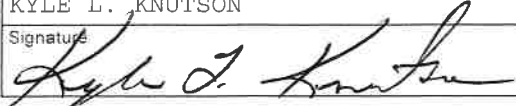
4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) _____

INSIDE OF BUILDING INCLUDE COOLERS

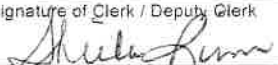
| Applicant's Wisconsin Seller's Permit Number 456-1020420796-02 | |
|---|-----------------|
| FEIN Number 39-1764869 | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input checked="" type="checkbox"/> Class A beer | \$ <u>10.00</u> |
| <input type="checkbox"/> Class B beer | \$ |
| <input type="checkbox"/> Class C wine | \$ |
| <input checked="" type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>21.50</u> |
| TOTAL FEE | \$ <u>31.50</u> |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(Note: Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|--------------------------------|--|
| Contact Person's Name (Last, First, M.I.) KYLE L. KNUTSON | Title / Member C . E . O . | Date 5-11-2022 |
| Signature  | Phone Number (715) 949-1165 | Email Address kylek@synergycoop.com |

TO BE COMPLETED BY CLERK

| | | |
|---|---|--|
| Date received and filed with municipal clerk 5-31-2022 | Date reported to council / board 6-27-2022 | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk  |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | |
|---|--|--------------------------------|---------------------------------------|---|
| Individual's Full Name (please print) (last name) Brown | | (first name) Charles | (middle name) L | |
| Home Address (street/route) N8227 Cty Road M | | Post Office | City Colfax | State WI Zip Code 54730 |
| Home Phone Number 715-962-3545 | | Age 4 | Place of Birth Chippewa Co. | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.

Charles L Brown of Synergy Cooperative Colfax
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
 which is making application for an alcohol beverage license.

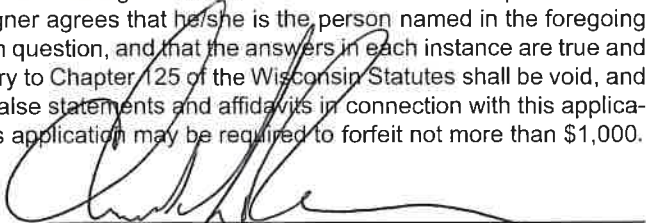
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 41 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|---|---|--------------------------------|----------------------|
| Employer's Name Synergy Coop Colfax | Employer's Address 401 Railroad Ave | Employed From 10-05 | To Present |
| Employer's Name EM Corner Store | Employer's Address St. Hwy 29 | Employed From 10-4-4 | To 10-4-05 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm/dd/yyyy) (mm dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>Moms Restaurant + Pub LLC</u> | <u>225 Bremer Ave. #101 Colfax WI 54730</u> |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|---------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|-----------------------------------|-------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Barstad</u> | <u>Mark</u> | <u>S</u> | <u>N8080 Co. Rd. M Colfax WI 54730</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name Moms Rest. + Pub Business Phone Number 715-962-4617
 2. Address of Premises 225 Bremer Ave. #101 Post Office & Zip Code Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Shelving in hallway, office, furnace room + cooler

| Applicant's Wisconsin Seller's Permit Number <u>456103033186704</u> | |
|--|------------------|
| FEIN Number <u>851323689</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>400.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>522.50</u> |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|-------------------------------------|---|
| Contact Person's Name (Last, First, M.I.) <i>Barstad, Mark S.</i> | Title / Member <i>Owner</i> | Date <i>5-25-2022</i> |
| Signature <i>Barstad Mark S.</i> | Phone Number <i>715-962-4617</i> | Email Address <i>monsrestaurantpub2020@gmail.com</i> |

TO BE COMPLETED BY CLERK

| | | |
|---|--|---|
| Date received and filed with municipal clerk <i>6-1-2022</i> | Date reported to council / board <i>6.27.2022</i> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk <i>Shah Rana</i> |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------------------|--------------------|--------------------------------------|-----------------------|
| Individual's Full Name (please print) (last name) <u>Barstael</u> | | (first name) <u>Mark</u> | | (middle name) <u>S</u> | |
| Home Address (street/route) <u>N 8080 Co Rd M</u> | | Post Office | City <u>Colfax</u> | State <u>WI</u> | Zip Code <u>54730</u> |
| Home Phone Number <u>715-704-0163</u> | | Age <u>[REDACTED]</u> | | Place of Birth <u>Earl Claire WI</u> | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 65 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|---|--|------------------------------|----------------------|
| Employer's Name <u>Mom's Rest. & Pub</u> | Employer's Address <u>225 Bremer Ave #101</u> | Employed From <u>2020</u> | To <u>Present</u> |
| Employer's Name <u>Wal Mart</u> | Employer's Address <u>Menomonie</u> | Employed From <u>1995</u> | To <u>2020</u> |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Mark S Barstael
(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(mm/dd/yyyy) (mm/dd/yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|---|--|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company | Address of Corporation / Limited Liability Company (if different from licensed premises) |
| <u>The Blind Tiger LLC</u> | <u>512 main St. Colfax WI 54730</u> |

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|-----------------|-----------------|---------------|--|
| Agent Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Anderson</u> | <u>Nicholas</u> | <u>R</u> | <u>233 Olive St Chippewa Falls WI 54729</u> |

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|-----------------------------------|-----------------|---------------|--|
| President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Anderson</u> | <u>Nicholas</u> | <u>R</u> | <u>233 Olive St Chippewa Falls WI 54729</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| <u>Cutler</u> | <u>Jessica</u> | <u>L</u> | <u>233 Olive St Chippewa Falls WI 54729</u> |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

C. Business Information

1. Trade Name The Blind Tiger Business Phone Number 715-962-4281
 2. Address of Premises 512 Main St. Post Office & Zip Code Colfax WI 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No


4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Bar + grill area - back patio area

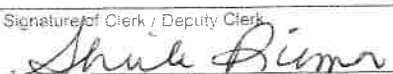
| Applicant's Wisconsin Seller's Permit Number <u>456102943847602</u> | |
|--|-------------------------|
| FEIN Number <u>82 2896508</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input type="checkbox"/> Class C wine | \$ |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input checked="" type="checkbox"/> Class B liquor | \$ <u>400.00</u> |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>522.50</u> |

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|-------------------------------------|------------------------|
| Contact Person's Name (Last, First, M.I.) Anderson, Nicholas R | Title / Member Owner | Date 5/31/22 |
| Signature  | Phone Number 715-456-7453 | Email Address _____ |

TO BE COMPLETED BY CLERK

| | | |
|---|--|--|
| Date received and filed with municipal clerk 6-2-2022 | Date reported to council / board 6-27-2022 | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk  |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | | |
|---|--|--------------|----------------|----------------|----------|
| Individual's Full Name (please print) (last name) | | (first name) | | (middle name) | |
| Anderson | | Nicholas | | R | |
| Home Address (street/route) | | Post Office | City | State | Zip Code |
| 233 Olive St | | | Chippewa Falls | WI | 54729 |
| Home Phone Number | | | Age | Place of Birth | |
| 715-456-7453 | | | | Eau Claire WI | |

The above named individual provides the following information as a person who is (check one).

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

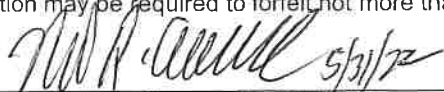
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 39 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. *(If more room is needed, continue on reverse side of this form.)*
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|-----------------|--------------------|---------------|---------|
| Employer's Name | Employer's Address | Employed From | To |
| Blind Tiger | 512 Main St | 2017 | Present |
| Employer's Name | Employer's Address | Employed From | To |
| Lee Beverage | Eau Claire | 2015 | 2017 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | |
|--|------------------|--------------------------------|---------------------------|--------------------------|
| Individual's Full Name (please print) (last name) Cutler | | (first name) Jessica | (middle name) L | |
| Home Address (street/route) 233 Olive St | Post Office | City Chippewa Falls | State WI | Zip Code 54729 |
| Home Phone Number 715-829-1406 | Age 33 | Place of Birth | | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 33 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

| | | | |
|---------------------------------------|--|------------------------------|----------------------|
| Employer's Name Blind Tiger | Employer's Address 512 Main St | Employed From 2017 | To Present |
| Employer's Name Sand Bar | Employer's Address | Employed From 2016 | To 2017 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

Jessica Cutler 5/31/22

(Signature of Named Individual)

Renewal Alcohol Beverage License Application

(Submit to municipal clerk. Read instructions on page 3.)

For the license period beginning: 07/01/2022 ending: 06/30/2023
(month dd yyyy) (month dd yyyy)

To the Governing Body of the: Town of } Colfax
 Village of }
 City of }

County of Dunn Aldermanic Dist. No. _____
 (if required by ordinance)

Check one: Individual Limited Liability Company
 Partnership Corporation/Nonprofit Organization

Complete A or B. All must complete C.

| Applicant's Wisconsin Seller's Permit Number <u>456 1030715 786 -04</u> | |
|--|-------------------------|
| FEIN Number <u>85-1981910</u> | |
| TYPE OF LICENSE REQUESTED | FEE |
| <input type="checkbox"/> Class A beer | \$ |
| <input checked="" type="checkbox"/> Class B beer | \$ <u>100.00</u> |
| <input checked="" type="checkbox"/> Class C wine | \$ <u>100.00</u> |
| <input type="checkbox"/> Class A liquor | \$ |
| <input type="checkbox"/> Class A liquor (cider only) | \$ N/A |
| <input type="checkbox"/> Class B liquor | \$ |
| <input type="checkbox"/> Reserve Class B liquor | \$ |
| <input type="checkbox"/> Class B (wine only) winery | \$ |
| Publication fee | \$ <u>22.50</u> |
| TOTAL FEE | \$ <u>222.50</u> |

A. Individual or Partnership:

| | | | |
|------------------|---------|---------------|--|
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |
| Full Name (Last) | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| | | | |

B. LLC or Corporation (and Agent):

| | |
|--|---|
| Full Legal Name of Corporation / Nonprofit Organization / Limited Liability Company <u>Little Slice of Italy, LLC</u> | Address of Corporation / Limited Liability Company (if different from licensed premises) <u>501 Main St. Colfax WI 54730</u> |
|--|---|

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent.

| | | | |
|----------------------------------|------------------------|---------------------------|---|
| Agent Last Name <u>Jenson</u> | (First) <u>Anne</u> | (Middle Name) <u>E</u> | Home Address (Street, City or Post Office, & Zip Code) <u>805 E. Railroad Ave. Colfax WI 54730</u> |
|----------------------------------|------------------------|---------------------------|---|

All Officer(s) Director(s) of Corporation and Members / Managers of Limited Liability Company:

| | | | |
|---|------------------------|---------------------------|---|
| President / Member Last Name <u>Jenson</u> | (First) <u>Anne</u> | (Middle Name) <u>E</u> | Home Address (Street, City or Post Office, & Zip Code) <u>805 E. Railroad Ave. Colfax WI 54730</u> |
| Vice President / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Secretary / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Treasurer / Member Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |
| Directors / Managers Last Name | (First) | (Middle Name) | Home Address (Street, City or Post Office, & Zip Code) |

C. Business Information

1. Trade Name Little Slice of Italy Business Phone Number 715-962-4444
 2. Address of Premises 501 Main St Post Office & Zip Code Colfax 54730

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

Dining room, party room, storage room, kitchen, patio

5. Legal description (omit if street address is given on previous page): _____
6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or agent for either a limited liability company licensee, or nonprofit organization licensee been **convicted of any offenses** (excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of any county or municipality? **If yes, complete page 3** Yes No
- b. Are **charges for any offenses** presently **pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other persons affiliated with this license? **If yes, explain fully on page 3.** Yes No
7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for this license? **If yes, explain** Yes No
- _____
- _____
- _____
8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax return of the licensee? **If not, explain** Yes No
- _____
- _____
- _____
9. Does the applicant understand they must hold a Wisconsin Seller's Permit? Yes No
[phone (608) 266-2776]
10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and made available for inspection by law enforcement? Yes No
11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? Yes No
12. Does the applicant owe municipal property taxes, assessments, or other fees? Yes No
(**Note:** Renewal of licenses may be denied pursuant to a local ordinance, if the licensee owes municipal taxes, assessments or other fees).

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

| | | |
|--|-------------------------------------|--|
| Contact Person's Name (Last, First, M.I.) <i>Jenson, Anne E</i> | Title / Member <i>Owner</i> | Date <i>6/6/22</i> |
| Signature <i>[Signature]</i> | Phone Number <i>715 962-4444</i> | Email Address <i>bellabea67@yahoo.com</i> |

TO BE COMPLETED BY CLERK

| | | |
|---|--|---|
| Date received and filed with municipal clerk <i>6-6-2022</i> | Date reported to council / board <i>6-27-2022</i> | Date license granted |
| License number issued | Date license issued | Signature of Clerk / Deputy Clerk <i>Shale Rumer</i> |

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

| | | | | |
|--|--|-----------------------------|--------------------------------------|--------------------|
| Individual's Full Name (please print) (last name) Jenson | | (first name) Anne | (middle name) E | |
| Home Address (street/route) 805 E. Railroad Ave | | Post Office | City Colton | State WI |
| Home Phone Number 715-554-4110 | | Age 5 | Place of Birth Portage, WI | |

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- _____ of _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

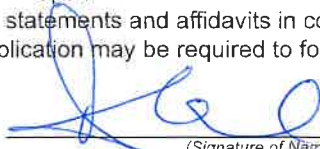
The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 54 years
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)

6. Named individual must list in chronological order last two employers.

| | | | |
|---------------------------------------|--|------------------------------|----------------------|
| Employer's Name Self | Employer's Address 501 Main St | Employed From 2007 | To Present |
| Employer's Name Village Inn | Employer's Address 502 Main St | Employed From 1997 | To 2007 |

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$5.00

Applicant's Wisconsin 15-digit Sales Tax Account Number
456 102943847602

← This must be issued in the same Legal Name of the licensee below.

| |
|----------------------------------|
| License Number |
| Period Covered Thru 6-30-2023 |
| Date of Issuance |

| | | | |
|--|-------------|--|---------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) The Blind Tiger LLC | | Federal Employer Identification No. (FEIN) 822896508 | |
| Trade or Business Name (if different than Legal Name) | | Telephone Number (715) 962-4281 | |
| Business Address (License Location) 512 Main St | | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | |
| Municipality Colfax | State WI | Zip Code 54730 | Business Telephone () |
| Mailing Address (if different than Business Address) 233 Olive St | | of: Colfax | County Dunn |
| Municipality Chippewa | | State WI | Zip Code 54729 |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 2017
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe)

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

JUN 02 2022

[Signature] 5/31/21
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Remit to:
COLFAX VILLAGE OF (TAX-WI)
613 MAIN STREET
COLFAX WI 54730

| |
|------------------|
| License Number |
| Period Covered |
| Date of Issuance |

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-0000208845-05

← This must be issued in the same Legal Name of the licensee below.

| | | | | | |
|--|-------------|--|--|----------------------------------|----------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) DOLGENCORP, LLC | | | Federal Employer Identification No. (FEIN) 61-0852763 | | |
| Trade or Business Name (if different than Legal Name) DOLLAR GENERAL STORE #11827 | | | Telephone Number (615) 855-4000 | | |
| Business Address (License Location) 120 Main St | | Business Located In City Village Town | | Business Telephone 2622999755 | |
| Municipality Colfax | State WI | Zip Code 54730-9107 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mailing Address (if different than Business Address) 100 MISSION RIDGE | | | Municipality GOODLETTSVILLE | | State Zip Code TN 37072 |

RECEIVED

\$5

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: JUN 03 2022
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) OUT-OF STATE LIMITED LIABILITY COMPANY **Village of Colfax**

- Yes No 1. Does the applicant understand that they must purchase cigarettes only from distributors or jobbers who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/forms/excise/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING

Vendor #287922
Invoice #202311827TOBCITY5
Batch #22803 \$ 5.00

penalty provided by law, the applicant states that each of the above questions has been answered truthfully by the applicant. Applicant agrees to operate this business according to law and that the license, if granted, cannot be assigned to another person. Any person who knowingly provides materially false information on this license. Any person who knowingly provides materially false information on this license during inspection will be deemed a refusal to permit inspection. Such refusal is a violation of this license. Any person who knowingly provides materially false information on this license will be fined \$1,000.

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

State of Wisconsin • DEPARTMENT OF REVENUE

REGISTRATION UNIT
 2135 RIMROCK RD PO BOX 8902 MADISON, WI 53708-8902
 PHONE: 608-266-2776 FAX: 608-261-6248
 EMAIL: sales10@revenue.wi.gov WEBSITE: www.revenue.wi.gov

DOLGENCORP LLC
 100 MISSION RDG
 GOODLETTSVILLE TN 37072-2171

Letter ID: L1728810304
 Batch Index: 1356179968-75

Wisconsin Department of Revenue

Seller's Permit

LEGAL/REAL NAME: DOLGENCORP LLC
 BUSINESS NAME: DOLLAR GENERAL STORE #11827
 120 S MAIN ST
 COLFAX WI 54730-9106

The seller whose name appears above is authorized to engage in the business of selling tangible personal property and taxable services at the location shown. This permit is not transferable and is not valid at any other location. This permit must be conspicuously displayed at the place of business for which issued. Return this permit to the Department if you discontinue sales of taxable property and services at this location.

If your business is not operated from a fixed location, such as craft shows, flea markets, etc., this permit should be displayed or carried with you to the various events.

| Tax Type | Account Type | Filing Number | Account Number |
|-------------|-----------------|---------------|-------------------|
| Sales & Use | Seller's Permit | | 456-0000208845-05 |

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1026446429-02

← This must be issued in the same Legal Name of the licensee below.

| |
|-------------------------------------|
| License Number |
| Period Covered 7/1/22 TO 6/30/23 |
| Date of Issuance |

| | | | | |
|---|-------------|--|--|--------------------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) J & S SALES OF CHIPPEWA FALLS, LLC | | | Federal Employer Identification No. (FEIN) 27-1107309 | |
| Trade or Business Name (if different than Legal Name) EXPRESS MART | | | Telephone Number (715) 723-2822 | |
| Business Address (License Location) 616 MAIN ST | | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | | Business Telephone (715) 962-3241 |
| Municipality COLFAX | State WI | Zip Code 54730 | County DUNN | |
| Mailing Address (if different than Business Address) 310 S MAIN ST | | Municipality CHIPPEWA FALLS | State WI | Zip Code 54729 |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) LIMITED LIABILITY COMPANY

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 12 2022

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document pertains to or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$5.00

Applicant's Wisconsin 15-digit Sales Tax Account Number
456000016554802

← This must be issued in the same Legal Name of the licensee below.

| |
|----------------------------------|
| License Number |
| Period Covered Thru 6-30-2023 |
| Date of Issuance |

| | | | | | |
|---|-------------|-------------------|--|-------------------|--|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) Outhouse Bar | | | Federal Employer Identification No. (FEIN) 391347846 | | |
| Trade or Business Name (if different than Legal Name) Outhouse Bar | | | Telephone Number (715) 962-2425 | | |
| Business Address (License Location) 413 main St | | | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | | |
| Municipality Colfax | State WI | Zip Code 54730 | Business Telephone (715) 962-3339 | | |
| Mailing Address (if different than Business Address) P.O. Box 81 | | | Municipality Colfax | | |
| | | | State WI | Zip Code 54730 | |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 20 2022

Luke Johnson

(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides for the interpretation of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

MUNICIPAL USE ONLY

Submit to municipal clerk.

\$5.00

Applicant's Wisconsin 15-digit Sales Tax Account Number
456 102559 186603

← This must be issued in the same Legal Name of the licensee below.

| |
|----------------------------------|
| License Number |
| Period Covered Thru 6-30-2023 |
| Date of Issuance |

| | | | | | |
|--|-------------|--|---|---------------------------|----------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) Kyles Market Inc. | | | Federal Employer Identification No. (FEIN) 260307158 | | |
| Trade or Business Name (if different than Legal Name) Kyles Market | | | Telephone Number (715) 962-3585 | | |
| Business Address (License Location) 115 main St. | | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | | Business Telephone () | |
| Municipality Colfax | State WI | Zip Code 54730 | of: Colfax | County Dunn | |
| Mailing Address (if different than Business Address) | | | Municipality | State | Zip Code |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 7-14-2007
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$5,000.

RECEIVED
MAY 27 2022

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Village of Colfax Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

\$5.00

MUNICIPAL USE ONLY

| |
|---|
| License Number |
| Period Covered <i>Thru 6-30-2023</i> |
| Date of Issuance |

| |
|--|
| Applicant's Wisconsin 15-digit Sales Tax Account Number 456-1020420796-02 |
|--|

← This must be issued in the same Legal Name of the licensee below.

| | | | | |
|--|-------------|--|--|--------------------------------------|
| Legal Name (corporation, limited liability company, partnership or sole proprietorship) SYNERGY COMMUNITY COOPERATIVE | | | Federal Employer Identification No. (FEIN) 39-1764869 | |
| Trade or Business Name (if different than Legal Name) SYNERGY COOPERATIVE | | | Telephone Number (715) 879-5454 | |
| Business Address (License Location) 401 E RAILROAD AVE | | Business Located In <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town | | Business Telephone (715) 962-3172 |
| Municipality COLFAX | State WI | Zip Code 54730 | County DUNN | |
| Mailing Address (if different than Business Address) P.O. BOX 70 | | Municipality ELK MOUND | State WI | Zip Code 54739 |

Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: 09/22/1993
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) _____

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dor/forms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.

RECEIVED

MAY 31 2022

[Signature]
(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document pertains to the Village of Colfax or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.



WISCONSIN DEPARTMENT OF REVENUE
 PO BOX 8902
 MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK RD PO BOX 8902
 MADISON, WI 53708-8902
 ph: 608-266-2776 fax: 608-264-6884
 email: DORBusinessTax@wisconsin.gov
 website: revenue.wi.gov

Letter ID L0194108176

SYNERGY COMMUNITY COOPERATIVE
 PO BOX 155
 RIDGELAND WI 54763-0155

Wisconsin Department of Revenue Seller's Permit

Legal/real name: SYNERGY COMMUNITY COOPERATIVE
Business name: SYNERGY COMMUNITY COOPERATIVE
 618 MAIN ST
 COLFAX WI 54730-9148

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

| Tax Type | Account Type | Account Number |
|-----------------|-----------------|-------------------|
| Sales & Use Tax | Seller's Permit | 456-1020420796-02 |

Parks Committee Meeting

June 6th, 2022

1:00 p.m.

The Village of Colfax Parks Committee met on June 6th, 2022 at 1:00 p.m. at A Little Slice of Italy, 501 Main Street, Colfax, WI. Members present: Chair Jeff Prince and Annie Jenson. Excused: Gary Stene. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Parks Discussions

Spreading Garden – There was a discussion of where the spreading garden is at. Niggemann and Bates explained that there were several meetings in the past that had drawn out a larger scale spreading garden which began prior to 2014 and at a later time the project was scaled back. To date the project has not started. Discussions included do we want to move forward with a spreading garden or do we want to rescind the prior board actions to move forward? There have not been any inquiries even though the project was discussed a lot in the past. Committee members felt that the spreading garden topic was possibly a phase. The Village also implemented the cremation sites shortly before the discussions of the spreading garden. A motion was made by Jenson and seconded by Prince to make a recommendation to the Board to put the spreading garden idea to rest. A voice vote was taken with all members voting in favor. Motion carried.

Campground Progress – Prince checked on the cost of white paint to paint lines in Stuart Park to allow the stakes to be removed for the tournament weekend. Cost is \$90 for a five gallon pail.

Electric Design Plan – Johnny Larson from Bear Valley has provided a cost of \$800-\$900 to create a design plan and materials list for the project to allow for the Parks Committee to begin the request for pricing from vendors. A motion was made by Jenson and seconded by Prince to recommend to the Board to approve getting an electrical design plan to continue moving forward with the cost analysis. A voice vote was taken with all members voting in favor. Motion carried.

Any other Parks business

Signs-

Cemetery - The committee would like to get costs for a new cemetery sign similar to Iverson park sign. Jenson will check into the sign and get costs.

Henderson – Get permission from Henderson to remove the sign on the south end of the Village limits. The sign is no longer readable.

Memorial flag display - Examples of ideas include Bloomer and Fall Creek. Possible locations include J.D. Simons Park, Cemetery, and the Park area by the footbridge or possible vacant land near the old Root Beer stand.

Adjourn: A motion was made by Prince and seconded by Jenson to adjourn the meeting at 2:48 p.m. A voice vote was taken with all members voting in favor. Motion carried.

Jeff Prince, Chair

Public properties Committee Meeting
June 6th, 2022
6:00 p.m.

The Village of Colfax Public Properties Committee met on June 6th, 2022 at 6:00 p.m. at Village Hall, 613 Main Street, Colfax, WI. Members present: Chair Gary Stene and Margaret Burcham. Excused: Anne Jenson. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Discussion of village owned Properties

The Committee began by review the list of Village buildings that Bates provided. The list included the type of roofs that each of the buildings had and the condition of each roof. As the committee went through each building on the list additional items were discussed about each building and issues that should be reviewed.

EMS building upstairs has sleeping areas, but not actual bedrooms and the ambulance bay has a lot of space used to store exercise equipment that is not used, should we consider selling the equipment? Catch basin in the ambulance bay is needed since the design of the building missed incorporating one in.

Beer Garden/Dance Area – There has been a request to have audio sound panels installed in the area above the band stage to deflect the loud music for events. Bates and Niggemann will contact audio sound people to analysis options. The lighting is dim in the beer garden; do we want to change that?

Bathrooms – Check bathroom stall walls to verify that they are in good condition before the fair.

Band Shell – Andy’s Custom Concrete, Inc. has provided a cost estimate that was lower than the previous estimate received in 2021; \$3,232.

Cemetery - Garage - Shingles will need replacing in the next few years. Review in 2024 for possible replacement in 2025.

Cemetery - Work Shop – This building has wood siding and needs painting.

Well House #1– Well House #1 in Tower Park floor has settled and there is a gap in the concrete that should be filled in and repaired. Bates will get an estimate.

Well House #3 –Well House #3 located near Kyle’s Market is also in need of shingle replacement. The size of the building is about the same as Well House #1 so estimated cost for steel roof is \$8500. This building also needs from cement block repair.

Tom Prince Memorial Park – Verify that all outlets are working in the concessions. The bleachers need painting.

Village Hall – The Southwest corner of the building needs to be repaired. Bates will get additional estimates. The Stoop in front of Village Hall needs the soffit and fascia painted. The handicap entrance door needs to be replaced. Looks at the breaker for Niggemann’s office and the Library storage room. When microwave is powered on and Niggemann prints the breaker kicks out.

Village Hall Gazebo –Roof is in the process of being replaced. We need to look at the steps and a possible hand rail. The floor of the gazebo needs to be cleaned and stained rather than painted.

J.D. Simons Park – Knutson inquired about the possibility to get power ran from the flag pole in J.D. Simons Park to the Christmas tree.

A motion was made by Burcham and seconded by Stene to recommend to the Board to begin updating and planning for the mention items above. A voice vote was taken with all members voting in favor. Motion carried.

Any other Public Properties discussion

The committee discussed:

- Feland house and the condition of the roof. Niggemann has noticed that there are some individuals working on the roof. With all hopes, the same individuals will also help clean up the property.
- Midwest Classic junk piles have increased; this issue needs to be taken care of.
- 903 University Ave. Johnson property needs to get rid of the unsightly items in the back yard and the brush pile needs to be gone. The pile has been there for greater than seven years and now is starting to accumulate some pieces of furniture.

Long grass – The committee mentioned the properties behind the Outhouse and the property on the corner of University Avenue and County Road M. Niggemann will ask the Police Chief to get notices to these properties.

Adjourn: All business was considered and the meeting adjourned at 7:00 p.m.

Gary Stene, Chair

Parks Committee Meeting
June 6th, 2022
1:00 p.m.

The Village of Colfax Parks Committee met on June 6th, 2022 at 1:00 p.m. at A Little Slice of Italy, 501 Main Street, Colfax, WI. Members present: Chair Jeff Prince and Annie Jenson. Excused: Gary Stene. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Parks Discussions

Spreading Garden – There was a discussion of where the spreading garden is at. Niggemann and Bates explained that there were several meetings in the past that had drawn out a larger scale spreading garden which began prior to 2014 and at a later time the project was scaled back. To date the project has not started. Discussions included do we want to move forward with a spreading garden or do we want to rescind the prior board actions to move forward? There have not been any inquiries even though the project was discussed a lot in the past. Committee members felt that the spreading garden topic was possibly a phase. The Village also implemented the cremation sites shortly before the discussions of the spreading garden. A motion was made by Jenson and seconded by Prince to make a recommendation to the Board to put the spreading garden idea to rest. A voice vote was taken with all members voting in favor. Motion carried.

Campground Progress – Prince checked on the cost of white paint to paint lines in Stuart Park to allow the stakes to be removed for the tournament weekend. Cost is \$90 for a five gallon pail.

Electric Design Plan – Johnny Larson from Bear Valley has provided a cost of \$800-\$900 to create a design plan and materials list for the project to allow for the Parks Committee to begin the request for pricing from vendors. A motion was made by Jenson and seconded by Prince to recommend to the Board to approve getting an electrical design plan to continue moving forward with the cost analysis. A voice vote was taken with all members voting in favor. Motion carried.

Any other Parks business

Signs-

Cemetery - The committee would like to get costs for a new cemetery sign similar to Iverson park sign. Jenson will check into the sign ad get costs.

Henderson – Get permission from Henderson to remove the sign on the south end of the Village limits. The sign is no longer readable.

Memorial flag display - Examples of ideas include Bloomer and Fall Creek. Possible locations include J.D. Simons Park, Cemetery, and the Park area by the footbridge or possible vacant land near the old Root Beer stand.

Adjourn: A motion was made by Prince and seconded by Jenson to adjourn the meeting at 2:48 p.m. A voice vote was taken with all members voting in favor. Motion carried.

Jeff Prince, Chair

Public properties Committee Meeting
June 6th, 2022
6:00 p.m.

The Village of Colfax Public Properties Committee met on June 6th, 2022 at 6:00 p.m. at Village Hall, 613 Main Street, Colfax, WI. Members present: Chair Gary Stene and Margaret Burcham. Excused: Anne Jenson. Others present: Director Bates and Administrator-Clerk-Treasurer Niggemann.

Discussion of village owned Properties

The Committee began by review the list of Village buildings that Bates provided. The list included the type of roofs that each of the buildings had and the condition of each roof. As the committee went through each building on the list additional items were discussed about each building and issues that should be reviewed.

EMS building upstairs has sleeping areas, but not actual bedrooms and the ambulance bay has a lot of space used to store exercise equipment that is not used, should we consider selling the equipment? Catch basin in the ambulance bay is needed since the design of the building missed incorporating one in.

Beer Garden/Dance Area – There has been a request to have audio sound panels installed in the area above the band stage to deflect the loud music for events. Bates and Niggemann will contact audio sound people to analysis options. The lighting is dim in the beer garden; do we want to change that?

Bathrooms – Check bathroom stall walls to verify that they are in good condition before the fair.

Band Shell – Andy's Custom Concrete, Inc. has provided a cost estimate that was lower than the previous estimate received in 2021; \$3,232. *Quote attached.*

Cemetery - Garage - Shingles will need replacing in the next few years. Review in 2024 for possible replacement in 2025.

Cemetery - Work Shop – This building has wood siding and needs painting.

Well House #1 – Well House #1 in Tower Park floor has settled and there is a gap in the concrete that should be filled in and repaired. Bates will get an estimate.

Well House #3 – Well House #3 located near Kyle's Market is also in need of shingle replacement. The size of the building is about the same as Well House #1 so estimated cost for steel roof is \$8500. This building also needs from cement block repair.

Tom Prince Memorial Park – Verify that all outlets are working in the concessions. The bleachers need painting.

Village Hall – The Southwest corner of the building needs to be repaired. Bates will get additional estimates. The Stoop in front of Village Hall needs the soffit and fascia painted. The handicap entrance door needs to be replaced. Looks at the breaker for Niggemann's office and the Library storage room. When microwave is powered on and Niggemann prints the breaker kicks out.

Village Hall Gazebo – Roof is in the process of being replaced. We need to look at the steps and a possible hand rail. The floor of the gazebo needs to be cleaned and stained rather than painted.

J.D. Simons Park – Knutson inquired about the possibility to get power ran from the flag pole in J.D. Simons Park to the Christmas tree.

A motion was made by Burcham and seconded by Stene to recommend to the Board to begin updating and planning for the mention items above. A voice vote was taken with all members voting in favor. Motion carried.

Any other Public Properties discussion

The committee discussed:

- Felland house and the condition of the roof. Niggemann has noticed that there are some individuals working on the roof. With all hopes, the same individuals will also help clean up the property.
- Midwest Classic junk piles have increased; this issue needs to be taken care of.
- 903 University Ave. Johnson property needs to get rid of the unsightly items in the back yard and the brush pile needs to be gone. The pile has been there for greater than seven years and now is starting to accumulate some pieces of furniture.

Long grass – The committee mentioned the properties behind the Outhouse and the property on the corner of University Avenue and County Road M. Niggemann will ask the Police Chief to get notices to these properties.

Adjourn: All business was considered and the meeting adjourned at 7:00 p.m.

Gary Stene, Chair

Proposal

(715) 962-9199

Andy's Custom Concrete, Inc.

N7401 State Road 40
Colfax, WI 54730

| | |
|---------------------------------------|---------------------------|
| SITE NAME <i>Village of Colfax</i> | OWNERS NAME |
| STREET | STREET |
| CITY, STATE AND ZIP CODE | CITY, STATE, AND ZIP CODE |
| PHONE | PHONE |

The services provided by the above contractor include all materials, labor, and clean up of materials after job is completed.

JOB DESCRIPTION

* Fairground Stage
44' of 6' wall
4x36 concrete slab #3232
Does not include digging
Main St.
Tear out & replace (3) sections
of sidewalk and (1) light pole base #1275
Light pole By Bridge

PAYMENT DUE UPON COMPLETION

Any alterations or deviations from the above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. 50% down before project is STARTED. Remaining balance due upon completion.

Amount Due (\$ _____)

Andy's Custom Concrete, Inc.

Authorized Signature

Andy DeMoe
Date 5/3/22

See back side of this document for Wisconsin construction lien notices.
This Proposal may be withdrawn by us if not accepted within thirty (30) days.

Acceptance Of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____